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ABSTRACT

The "Recovery Month" observance highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers, and promotes the message that recovery from substance abuse in all its forms is possible. The observance also encourages citizens to take action to help expand and improve the availability of effective substance abuse treatment for those in need. Each year a new theme, or emphasis is selected for the observance. This year's theme is intended to focus the nation's attention on the needs of Americans who severely need substance abuse treatment. The enclosed materials are designed to provide information and resources to be used to spread the word that those suffering from addiction can be helped through treatment. Specifically, these materials will target parents and families, schools and the education community, health and wellness professionals, health insurers, criminal justice systems, elected officials and civic leaders, labor and trade organizations, community organizations, the faith community, and employers. In addition, the kit includes information and resources needed to launch a comprehensive public education initiative to support local print and broadcast media efforts. Additional resources include a directory of clearinghouses and web sites, a single state agency directory, and diversity resources. (GCP)

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ED 467 420

National Alcohol and Drug Addiction *Recovery Month*

September 2002

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

Dear Friends:

This year marks the 13th observance of the ***National Alcohol and Drug Addiction Recovery Month*** (***Recovery Month***) celebration. ***Recovery Month*** highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers and promotes the message that recovery from substance use in all its forms is possible. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) sponsors the celebration to encourage citizen action to help expand and improve the availability of effective addiction treatment for those in need. Substance use continues to be a national public health problem affecting millions of people, and it is critical to educate the public on the crucial role substance abuse treatment plays in reclaiming lives ravaged by alcoholism and drug abuse and addiction.

This year's theme, "***Join the Voices of Recovery: A Call to Action***," is intended to focus the Nation's attention, for the month of September, on the needs of Americans who severely need substance abuse treatment. According to the 2000 National Household Survey on Drug Abuse, there are 14.5 million people in the U.S. that have a diagnosable substance abuse problem. Millions of these people who need help do not receive treatment.

The enclosed materials are designed to provide information and resources to be used to spread the word that those suffering from addiction can be helped through treatment. In addition, the kit is geared to show others in your State and community that greater local resources, health insurance coverage and employer support will result in less crime, more productive schools and workplaces, earlier intervention, and savings to the health care system. Specifically, these materials target parents and families, schools and the education community, health and wellness professionals, health insurers, criminal justice systems, elected officials and civic leaders, labor and trade organizations, community organizations, the faith community and employers. In addition, the kit includes information and resources needed to launch a comprehensive public education initiative to support local print and broadcast media efforts. It is our hope that as SAMHSA and CSAT work on ***Recovery Month*** on a national scale you will work at the local level to share this information with others in your State and community who can make a difference for those in need of treatment.

We thank you for your efforts to educate others on the benefits of addiction treatment. Together, our voices can make a difference and help reduce this national epidemic that touches everyone.

Sincerely,

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services Administration

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

Dear Colleague:

Substance abuse and addiction is a national health crisis affecting millions of individuals. Not only does the person abusing alcohol and drugs suffer, but so do their family, friends and community in which they work and live. Given the human and economic cost to our Nation, the President has made building substance abuse treatment capacity a priority of his Administration.

The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) is working to help achieve the President's priorities. Through SAMHSA's Center for Substance Abuse Treatment (CSAT), we are working to educate the public about the effectiveness of treatment, the nature of addiction, the positive outcome of treatment and recovery, and the importance of treatment programs and services across the country.

National Alcohol and Drug Addiction *Recovery Month*, now in its 13th year of observance, is celebrated each September. The 2002 observance highlights the SAMHSA/CSAT initiative and publication, *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*. *Changing the Conversation* is an on going national effort to improve the quality and availability of treatment programs and services nationwide. Experts from the treatment field, stakeholders, and members of the general public were consulted to provide guidelines for positive action in order to meet today's treatment challenges and needs.

To *Change the Conversation*, we must seek to inspire all levels of government, business and society to work together toward creating a seamless healthcare system that is treatment and support and understanding of those in need of treatment services.

This year's ***Recovery Month*** theme is ***"Join the Voices of Recovery: A Call to Action."*** It underscores the role each of us has to play in the recovery process, and emphasizes the united front that must be presented to encourage individuals with alcohol and drug problems to seek help and to remain sober. Although it is true that effective treatment programs and services are critical to the recovering individuals' success, the support received from family, friends, the workplace, and society as a whole is equally important.

As the lead coordinator for the ***Recovery Month*** observance, SAMHSA/CSAT partners each year with other public sector entities and national and local coalitions and organizations to develop a ***Recovery Month*** activities kit, as well as other special events. A copy of the kit has been enclosed for your review and use.

This year SAMHSA/CSAT-sponsored Community Forums/Events will be held throughout the country during September. These forums/events will examine key treatment and recovery-related issues in local communities and define specific objectives and action steps to broaden support and access for individuals in recovery, their families, and friends. Each forum seeks to unite a range of stakeholders in taking action

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including individuals in the recovery community and their families and friends; policymakers and community leaders; judges; insurers; health professionals; treatment providers; educators/schools; community-based and faith-based organizations; the criminal justice system; diverse racial, ethnic and cultural groups; and members of the media.

The following locations have been identified as the 2002 sites for Community Forum/Events:

Albuquerque, New Mexico
Anchorage, Alaska
Atlanta, Georgia
Baltimore, Maryland
Billings, Montana
Boston, Massachusetts
Buffalo, New York
Charlotte, North Carolina
Chicago, Illinois
Dallas, Texas
Detroit, Michigan
Honolulu, Hawaii
Indianapolis, Indiana
Kansas City, Missouri
Los Angeles, California
Minneapolis, Minnesota
New Orleans, Louisiana
New York, New York
Phoenix, Arizona
Portland, Oregon
Salt Lake City, Utah
San Diego, California
San Francisco, California
San Juan, Puerto Rico
Seattle, Washington
Sioux Falls, South Dakota
San Antonio, Texas
U.S. Virgin Islands
Washington, D.C.
Yuma, Arizona

We hope that you and your organization will participate in the upcoming ***Recovery Month*** events as much as possible. This year's kits have also been sent to Federal, State and local officials. We encourage you to contact your local elected officials or your State Substance Abuse Director to offer your assistance in coordinating ***Recovery Month*** activities in your area, and in drafting a proclamation or organizing a media event. Please make an effort to participate in the Community Forum/Event in your area, or develop your own community event based on your local resources and interests.

Please make sure to fill out the Customer Satisfaction Survey located in the ***Recovery Month*** kit, and send information concerning your celebration, and any materials produced to the address listed on the form. Your input and comments will assist in the development of future materials and programs that best assist you with your needs.

In addition, please post any planned activities within your State, district, city, town, or municipality on the ***Recovery Month*** website at www.samhsa.gov. Click on the 2002 ***Recovery Month*** icon and select events.

You may contact CSAT's Office of Communications and External Liaison for additional information about this observance at (301) 443-5052. You may also obtain information through the ***Recovery Month*** website accessed through www.samhsa.gov.

We look forward to your participation in this year's ***Recovery Month*** activities, and thank you for your support.

Sincerely,

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health
Services Administration

H. Westley Clark, M.D., J.D., M.P.H.
Director
Center for Substance Abuse Treatment

Enclosure

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Dear Friends and Colleagues:

September 2002 marks the 13th annual ***National Alcohol and Drug Addiction Recovery Month***. It is an appropriate time to celebrate the progress that has been made and to face the challenges that remain. ***Recovery Month*** is a call to action to help the estimated 4.7 million Americans who are suffering from drug abuse and addiction to reclaim their lives.

Healing America's Drug Users is one of the cornerstones of our National Drug Control Strategy. As President Bush has stated, "Drug use wreaks havoc on our families. Drug use destroys people's ambitions and hopes…we must aggressively promote drug treatment. Because a nation that is tough on drugs must also be compassionate to those addicted to drugs." During ***Recovery Month***, and all year, you can support the National Strategy by raising your voice at the local level to highlight the benefits of substance abuse treatment.

You can also support recovery by promoting responsibility; the responsibility of those addicted to seek help and the responsibility of the rest of us – as friends, colleagues, spouses or employers – to encourage them to get into treatment and see it through.

Those of you dedicating your lives to helping others in need of treatment assistance are a source of real inspiration. Please know that the importance of your work and your commitment to it are deeply appreciated. Millions of lives are recovered and preserved each year by trained professionals providing high quality treatment.

Recovery Month reaffirms the crucial role of drug treatment in our Nation's efforts to reduce drug use and addiction. The Office of National Drug Control Policy is pleased to join the U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment in celebrating the effective provision of assistance to those in need of treatment, their families, and the communities in which they live and work.

Best wishes,

John P. Walters
Director

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAR 2 1 2002

Dear ***Recovery Month*** Participant:

As the Secretary of the Health and Human Services, I welcome the opportunity to support the ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***, now in its 13th year of celebration. I am privileged to join your organization and many others in promoting this year's theme—"***Join the Voices of Recovery: A Call to Action***." As you know, substance abuse is a national health problem, affecting millions of Americans. Treatment can help people end dependence on addictive substances.

Together we can take action and spread the message that recovery from addiction is possible. Providing treatment for people in need is compassionate public policy and a sound investment. This ***Recovery Month*** effort is an important step in educating Americans about how they can help our country to overcome this disease.

Thank you for your continued efforts. Your commitment and dedication to the Nation's health are greatly admired and appreciated.

Sincerely,

Tommy G. Thompson

Sample Media Advisory

[Name of Your Local Official] and [Your Organization]
Announce Kickoff of a Statewide Substance Abuse Recovery Campaign

The 13th annual observance of ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** will begin September 1, 2002. [Name and title of your local official, name of your organization] said that a statewide campaign will be launched beginning [day and date] to increase public awareness about the continuing need for quality drug and alcohol addiction treatment and recovery services and programs. The campaign will support the national theme: ***"Join the Voices of Recovery: A Call to Action."***

This year's theme supports the collective guidelines for positive action of the treatment community as set forth in ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.*** This is a public and private sector endeavor sponsored by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. ***Changing the Conversation*** envisions a society in which people with a history of alcohol and substance abuse or addiction, people in recovery and their families, and people at risk for these problems are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. It also urges that addiction be recognized as a public health issue, an illness for which individuals deserve treatment.

[Name and title of local official] will be joined by members of the recovery community, health and wellness providers, educators, and employers (whoever is in attendance) to discuss ways in which community stakeholders can collaborate to support substance abuse treatment programs and to launch a series of outreach activities taking place in communities across the state throughout September.

Participants:	[add the name of your local official]
	[add the name of a representative from your organization]
	[add the names of leaders in recovery who are participating]
Date:	[day and month]
Time:	[time of the event]
Place:	[address of where the event will be held]
Contact:	[name of the person from your organization who will field phone inquiries]
Phone number:	[contact person's phone number]

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Tips on Writing and Placing a Media Advisory

A media advisory is a simple way to inform local media outlets about an upcoming press conference or a briefing. This document provides print, broadcast, and Internet reporters with the information they need to plan their schedules and cover your activity. Below are some suggestions for successfully distributing your advisory.

Place it on the "daybooks" and in "week-ahead" columns. Call newswire services in your city or state, such as the Associated Press or United Press International, and ask them to place the advisory on their daybooks—a daily listing of all activities that the media are invited to attend—the week before, the day before, and the day of the event. Ask for the name of the daybook editor and the fax number. Also try to place the advisory in the "week-ahead" columns of local newspapers and business publications that list upcoming activities.

Create a media list. Send the advisory to local media outlets in your community one week before your event. To do so, you should develop a current media list—a fundamental tool of public relations. Your list of media outlets must be accurate and up-to-date to effectively reach reporters with your story. Here are some tips to get you started:

1. Check your local library or bookstore for media directories of daily and weekly newspapers, television stations, radio stations, newswire services, Internet news outlets, magazines, newsletters, and business trade publications in your community. Some examples of media directories include Bacon's directories and Gebbie's ***All-In-One Directory.*** Use the phone book or the Internet to supplement your list.
2. Once you have developed a list of phone numbers and addresses, call each outlet to verify the information and to determine which editors and reporters are the most appropriate for your news.
3. For each print and broadcast media outlet, create a list with the following information: name of media outlet, address, telephone number, fax number, and the names and titles of specific reporters or editors who cover substance abuse/drug treatment and health-related issues. Today, increasingly, many reporters and editors prefer information to be e-mailed to them; therefore secure an e-mail address where possible. You should also determine the best time to call each reporter (i.e., how far in advance/what time of day) about your event.
4. Be sure to include specialized media on your list, such as African-American, Hispanic/Latino, or other minority newspapers or radio stations. Other specialized media that you may wish to include are university/college newspapers; television and radio stations; small community papers or neighborhood newsletters; and publications produced by local organizations, such as businesses, hospitals, women's centers, health care clinics, professional associations, churches and other faith-based institutions, drug stores, and local clubs.

Follow up. After you mail or fax the media advisory, contact reporters by phone to determine their interest in attending or covering the event. Sometimes the personal touch can make a difference in generating media interest.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of Communications and External Liaison, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Suite 621, Rockville, MD 20857.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Sample Press Release

For Immediate Release

Contact: (Name of person within your organization who is available to answer questions from the press. Add contact's phone number.)

(Name of local official) and (your organization) Call for Support of Drug and Alcohol Treatment Services in the Community

(City and state where your organization is located; date you want press release published)—(Name and title of your local official) joined with (your organization's name) today to proclaim September ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** and announce a local initiative in support of the national campaign to promote the benefits of substance abuse treatment. This year's theme is ***"Join the Voices of Recovery: A Call to Action."***

During the month of September, communities nationwide help people recognize that alcohol and substance abuse and addiction are treatable diseases and that treatment is as effective as treatments for other chronic medical conditions, such as diabetes and high blood pressure. ***Recovery Month*** also celebrates the successes of individuals who have engaged in treatment and recognizes men and women in the treatment field who dedicate their lives to helping those with addictions.

Recognition of addiction as an illness is a guideline for positive action in ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*** developed by public and private sector experts. This national initiative envisions a society in which people with a history of alcohol and substance abuse and addiction, people in recovery and their families, and people at risk for these problems are valued and treated with dignity. It envisions a society in which stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated and where substance abuse and dependence is recognized as a public health issue, a treatable illness for which individuals deserve treatment. It also envisions a society in which high-quality services for alcohol and substance abuse and addiction are widely available and where treatment is recognized as a specialized field of expertise.

"We fully support the guidelines for positive action of ***Changing the Conversation*** and urge our community to put the plan into effect," said (name of official). ***Changing the Conversation*** is a blueprint for more effective treatment of the millions of people currently abusing drugs and alcohol. Clearly, we need this more visionary approach to treating those suffering from the devastating consequences of substance abuse." (Work with your local official to develop a quote such as the one above.)

One of the guidelines for positive action (add the spokesperson, title, and your organization's name) cited as being of particular focus is stigma reduction. "If we are to make real headway in treating addiction and dependence, then we must begin by recognizing that alcohol and substance abuse and addiction are not moral failings. Drug and alcohol abuse is a medical condition that requires effective treatment, just like any other chronic medical condition. And, I want to emphasize, treatment for addiction is just as effective as treatment for other chronic diseases."

Locally, several public awareness activities will take place throughout the month of September: (Give examples such as those listed below.)

- A Community Forum will take place on (date/time). At the Forum, many drug/alcohol—and treatment-related topics will be discussed and solutions to associated problems will be presented and addressed.
- Information will be distributed to educators, faith leaders, local employers, and others in the community addressing the effectiveness and cost benefits of treatment and instructing them on how to get involved in ensuring those in need have access in their community.

###

Helpful Hints for Writing a Press Release

Many news stories are triggered by a timely, well-written press release. While small newspapers may run the release word-for-word or with minor changes, most media use it as background information. Following are some tips to help you write your own release.

- **Always have a good reason for developing a release.** To be useful, a release must be newsworthy. For example, you might issue a release if your organization:
  - Announces the results of a poll, survey, or study on alcohol and drug abuse and addiction
  - Launches a new public education program
  - Begins a new type of service or makes significant changes to existing services
  - Hires a new director or high-level staff person
  - Receives a grant or donation
  - Wants to publicize the local impact of a national news event
  - Forms a special task force
  - Conducts seminars or workshops featuring a local or national celebrity speaker
  - Honors an individual or organization
  - Plans local activities to tie into a well-known day, week, or month
  - Plans an event to issue a ***Recovery Month*** proclamation
- **Keep it short.** A release should be no more than two pages, double-spaced; it should contain short sentences and paragraphs.
- **Stick to the format.** Releases should be typed on your organization's letterhead. At the top of the page, include the name and phone number of a contact for more information. The release should begin with the name of your city and the date. If the release is longer than one page, type "more" at the bottom of each page except the last. Signify the end of the release by typing "###"or "30" centered after the last sentence.
- **Give the most important details first.** Begin with a headline that summarizes the release. The first paragraph should answer the five basic questions—who, what, where, when, and why.
- **Be careful with language.** Avoid using slang or technical terms. If necessary, explain terms.
- **Check for accuracy.** Be sure to verify all spelling, statistics, names, and titles.
- **Write factually.** Opinions should be expressed in direct quotes only. When quoting an individual, get consent before publishing.
- **Seek placement.** Distribute your release to local print, broadcast, and Internet reporters in your community. Follow up to encourage them to write or air a story. Try to schedule an interview with an official of your organization. Collect samples of any resulting coverage to document your outreach efforts.

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You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of Communications and External Liaison, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Suite 621, Rockville, MD 20857.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Coping with a Silent Medical Emergency

Imagine a nation in which a deadly but treatable disease is taking its toll on more than five percent of the population. One that is wreaking havoc with the lives of millions of men, women, and children, but only 20 percent of the people who need treatment are receiving it. Would we help?

That's the situation that prevails in the United States today. The disease is alcohol and drug addiction.

Men and women in the recovery community cite three disturbing trends that contribute to this deteriorating situation. First, there has been a noticeable re-stigmatization of substance abuse and addiction as the great strides made during the "modern alcoholism movement" that gathered force through the 1970s have slowly dissipated. Second, substance abuse and addiction have moved further and further outside the medical realm as the idea of addiction as a disease comes under attack. This is alarming given there is better information than ever before that addiction is a disease characterized by compulsive drug-seeking behavior that results from prolonged exposure to drugs. Scientific evidence has shown that addiction is a medical problem, not a moral lapse. Third, there is a continuing criminalization of addiction. We are building more prisons and continue to incarcerate people with alcohol and substance abuse and addiction problems. In most cases, they receive no treatment while in prison. When released from prison untreated they fall back to old behaviors—behaviors that begin the destructive cycle all over again.

All these factors contribute to a tremendous cost to society—an estimated $294 billion annually.

What can be done about it?

Not long ago, experts in the recovery field at the Federal, state, and local levels collaborated on an initiative to develop ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.*** The plan recommends a variety of actions to help the Nation meet the challenges presented by addiction. The guidelines for positive action in the plan range from closing the serious gap in treatment capacity, and urging insurers to provide coverage for dependence equivalent to other medical conditions, to assuring that an individual needing treatment will be identified, be assessed, and receive treatment no matter where he or she enters the realm of services—including the judicial system.

One of the most important guidelines for positive action in the plan is one that each of us can and should support. That is the recommendation to *Change Attitudes*. Each of us can work to reduce the stigma associated with addiction by first recognizing it for what it is—a treatable medical condition, one with a model of successful treatment similar to hypertension or diabetes.

With that understanding, there is no better time than during September, ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***, to raise our voices to urge our community to make effective treatment available at the local level for all those in need. Such action is in the spirit of the 2002 ***Recovery Month*** theme: ***"Join the Voices of Recovery: A Call to Action."*** I hope you will join me in taking these vital first steps toward solving this national medical emergency.

(Close with an authorship line, which should include your full name and a brief description of who you are and what you do that makes you an expert on the subject. You should also include your daytime telephone number.)

Writing and Placing an Op-Ed

Newspapers generally publish a page of opinion columns and letters opposite the editorial page, hence the term opposite editorial, or "op-ed". The op-ed pages are the arena in which ideas and issues are debated and an excellent place to raise awareness of an issue. During ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** you have an excellent opportunity to address important issues related to substance abuse treatment programs. Writing an op-ed places you in the role of a columnist expressing your views while presenting the facts.

Whether you use the sample provided or write your own, here are some tips for writing and placing an op-ed:

- Begin by making an outline. It will help you stay focused and act as a reminder to cover key points.
- Stick with one subject per submission.
- Express an opinion that is clear and well-stated from the beginning.
- Do not assume your readers are aware of the issue or your viewpoint. Give them enough background information to help them follow your logic.
- Support your position with statistics or study results, but do not bury them in numbers.
- Use appropriate anecdotes; reference a recent news event or story.
- Contact one or more of the listed ***Recovery Month*** planning partners for a relevant quote.
- Localize your story whenever possible.
- Be clear and firm in your approach, but not fanatical.
- Keep your op-ed to 800 words or less. More is not better.

You can reach a publication with your op-ed three ways: phone, mail, or e-mail. Whichever way you choose, get the process started about a month before the kickoff of ***Recovery Month***. Begin by calling the paper to find out the name of the appropriate party to contact. At this point, you may learn that the policy of the paper is to send a written copy (or fax) of the op-ed to the editorial page editor. A letter that explains who you are and provides some background information about ***Recovery Month*** and the topic should accompany the op-ed. It should briefly but clearly state the issue and why your thoughts on the subject are important. Give your article a week or so to arrive and then call the publication to be sure the op-ed was received and to answer any questions.

Regardless of how you choose to approach a publication, be sure to include an "authorship line" at the end of the piece. This information should include your full name and a brief description of who you are and what you do that makes you an expert on the subject. It should also include your daytime telephone number.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of Communications and External Liaison, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Suite 621, Rockville, MD 20857.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Sample Proclamation 1

In the past 20 years medical science has made great strides in learning about the biology of substance use and the nature of chemical addiction.

Addiction is a chronic illness that involves significant physical changes in brain function. Treatment for addiction is as effective as treatments for other chronic medical conditions, such as diabetes and high blood pressure.

Recognition of addiction as an illness is guideline for positive action in ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.*** This national initiative envisions a society in which people with a history of alcohol or drug problems, people in recovery and their families, and people at risk for these problems are valued and treated with dignity. It envisions a society in which stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated and where substance abuse and dependence is recognized as a public health issue, an illness for which individuals deserve treatment. It also envisions a society in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise.

Every day in every part of the United States, men, women, and youth enter treatment for substance abuse and begin the road to recovery, while families seek hope and recovery in support programs and counseling. In [your city or state here], we are [talk about specific drug and alcohol treatment programs or initiatives taking place in your community].

National Alcohol and Drug Addiction Recovery Month celebrates the individuals who have engaged in successful treatment, families in recovery, and those in the treatment field who dedicate their lives to helping people recover from addiction. This year's theme, ***"Join the Voices of Recovery: A Call to Action,"*** invites all segments of society to join the recovery community in supporting more quality treatment programs and services in an effort to eradicate the disease of addiction.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the Office of National Drug Control Policy; and [the name of a treatment organization in your community here] invite all residents of [your city or state] to participate in ***National Alcohol and Drug Addiction Recovery Month***.

NOW, THEREFORE, I, [name and title of your elected official here], do hereby proclaim the month of September 2002 as:

National Alcohol and Drug Addiction Recovery Month

in [name of your city or state here] and encourage all residents to promote the benefits of drug and alcohol addiction treatment and recovery and to support community treatment programs.

_____

Signature

Sample Proclamation 2

WHEREAS, on behalf of the citizens of [your city or state here], I am pleased to join the [name of a participating substance abuse treatment organization] in celebrating September 2002 as ***National Alcohol and Drug Addiction Recovery Month*** in [your city or state here]; and

WHEREAS, acknowledging September 2002 offers individuals in the substance abuse treatment community an opportunity to educate the public and policymakers about the effectiveness of treatment, both societal and financial; and

WHEREAS, substance use and abuse is a major public health problem that affects millions of Americans of all ages, races, and ethnic backgrounds and in all communities and which has a huge medical, societal, and economic cost; and

WHEREAS, substance abuse is a treatable disease and treatment of addiction is as successful as the treatment of other chronic diseases such as diabetes, hypertension, and asthma; and

WHEREAS, thousands of health care providers have dedicated their lives to the recovery process and to the education of the public about alcoholism, drug dependence, and treatment issues.

WHEREAS, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the Office of National Drug Control Policy; and [the name of a treatment organization in your community here] invite all residents of [your city or state] to participate in ***National Alcohol and Drug Addiction Recovery Month***.

NOW, THEREFORE, I, [name and title of your elected official here], do hereby proclaim the month of September 2002 as:

National Alcohol and Drug Addiction Recovery Month

in [name of your city or state here] and encourage all citizens to support this year's theme—***"Join the Voices of Recovery: A Call to Action."***—by supporting men, women, and youth who are in drug and alcohol addiction treatment and recovery and their families.

_____

Signature

Proclamations

Proclamations are an effective way to draw the public's attention to an event or celebration. Having a top official sign a proclamation designating September as ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** is a good way to gain state or local government support and recognition for your ***Recovery Month*** campaign. Publicize the proclamation to maximize exposure and optimize its use as a public information tool.

Proclamations can be issued by governors and state legislatures, and by elected officials or governing bodies of municipalities, counties, cities, or towns. All you have to do is write a letter or contact a member of the government entity's communications office to find out the procedure you need to follow for the issuance of a ***Recovery Month*** proclamation.

Once you secure the proclamation, publicize it. If the signing takes place at a news conference, distribute copies to reporters. Have the proclamation photo-enlarged to poster size for display at the news conference. Afterward, display this visual prop (and additional copies) in the lobbies of public places, including government buildings. Also, send copies to local newspapers.

Traditional proclamations are a series of "Whereas's" followed by a "Therefore." "Whereas" means "because," "inasmuch as," or "since." "Whereas" sets the stage, states the problem, and suggests action to remedy the problem. The "Therefore" is the actual declaration and request for specific support action.

Two sample proclamations are provided. The first is more contemporary, leaving out the "Whereas's." The second proclamation includes them and restructures the topic sentences of some paragraphs. Modify these sample proclamations, inserting information about the problem in your community.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of Communications and External Liaison, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Suite 621, Rockville, MD 20857.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Promotional Event Ideas

As in previous years, the success of ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** will be based on the efforts of individuals like you and organizations like yours. Now is the time to plan special events and activities to support this year's theme: ***"Join the Voices of Recovery: A Call to Action."*** This year's theme urges us all to take action to get the word out about the important issues surrounding drug and alcohol addiction, treatment, and recovery.

While ***Recovery Month*** occurs annually in September, the ideas listed should be used as the starting point for events and activities throughout the year. Here are some thoughts to consider:

Planning Community Forums, Media Events, and Other Activities

Look to the media to help inform your community about the importance of substance abuse treatment and the powerful message of recovery. Individuals who are successful with treatment and return to the community at large can put a face on recovery and are a testament to its positive impact on not just the individual's life, but his or her family and community.

Begin ***Recovery Month*** by holding a press conference or Community Forum with the mayor, governor, or noted citizens in recovery from your area. Use the press conference as the platform to have the governor, mayor, or other elected official issue a proclamation (sample proclamations are located in this kit) in celebration of this year's theme, ***"Join the Voices of Recovery: A Call to Action."*** The 2002 theme recognizes the importance of the recovering community so if possible have people in recovery speak or take questions. This event may also recognize a community leader who has worked on behalf of substance abuse issues.

What Is a Community Forum?

A Community Forum consists of a panel of community leaders brought together to discuss a specific issue, in this case substance abuse and treatment. The panel could include elected officials, local treatment providers, employers, health professionals, educators, the media, members of the faith community, and individuals in recovery.

When planning this type of event, select an experienced moderator. The moderator's role is to keep the event moving, on time, and on topic. Moderators also set up the agenda, perform introductions, and facilitate the Forum.

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These Forums can be aired on local television, radio, or cable stations. They can even be broadcast on the Internet. To enhance public interest in your Forum, consider organizing it around a widely publicized event or holding a legislative forum that has the support of a member of Congress or state legislator. While either could attract media attention, the Legislative Forum strives to achieve support for policies and funding as well.

What Is a Press Event?

A press event usually surrounds a specific activity, like the opening of a new treatment center, the release of a new study, a civic proclamation, or a marathon. Invite an individual in recovery to say a few words, introduce the event, take part in a ribbon-cutting ceremony, or start the race.

At the conclusion of any press event or Community Forum, offer members of the media press kits and invite them to interview participants. Press kits should include a press release, media advisory, speaker biographies, and fact sheets about the issue and your organization. Make sure to include the name and phone number of a contact person from your organization to answer any additional questions. Finally, make sure to send thank you notes to all attendees following the event.

When planning events consider some key points:

- Select a specific topic for the Forum or press conference.
- Avoid competing with other allied organizations' ***Recovery Month*** activities by checking times and dates with your colleagues. Where possible, coordinate your activities with those of your colleagues.
- To increase media attention select a location of interest, such as a park, public building (public grounds require special permits), or a treatment center.
- Select a Forum moderator.
- Compile and contact a list of participants and speakers. Provide speakers with an agenda and time limit for their remarks. Keep the remarks brief.
- Coordinate event coverage with local media.
- Send out a press release and media advisory (samples are located in this kit) in advance of the event.
- Follow up with pitch calls to the media to encourage coverage.

When planning events, keep in mind things rarely go as planned. Your ability to plan for contingencies is critical to the success of your event. Some additional things to keep in mind:

- Outdoor events can be weather-dependent. Have a back-up venue or a rain date.
- If your guest list expands, make sure you have adequate seating for all participants.
- Speakers can be delayed, get sick, or have last-minute conflicts. Have a back-up speaker or revised agenda.
- Check all audiovisual equipment and make sure that the equipment is in proper working order. Doublecheck your visual presentation, the video tape, and your microphone.
- Arrange for speakers and participants to arrive early. If the media will be present, discuss talking points with speakers to ensure they remain on the event topic.

Other Activities:

Prayer Breakfast—Coordinate with faith-based leaders in the community for a ***Recovery Month*** prayer breakfast. The purpose is to discuss the role of the faith community in supporting those in recovery.

Recovery Sunday—Coordinate with faith-based leaders for a Recovery Sunday, a time when religious leaders set aside their normal sermons/homilies to discuss the importance of sobriety and pray for others to find the path to recovery.

Treatment Center Open House—Coordinate an Open House to enable the community to visit a treatment center. Have graduates on hand to talk about the significant changes that occurred in their lives and those of their loved ones when they entered treatment. The center can hold a workshop and offer information on substance abuse. Make sure when planning this type of event to consider the privacy needs of clients currently in treatment. Invite other health professionals, faith leaders, elected officials, and other community representatives to attend. Have materials on site that describe treatment options.

Athletic Activities—Coordinate a Recovery Walk/Run/Marathon or Basketball Tournament. Activities of this nature will provide a positive outlet for all members of the community. These activities will bring together the wider community to celebrate ***Recovery Month***.

Other Ideas:

Articles—Write a short article that discusses both the long- and short-term benefits of substance abuse treatment. Include information that drives individuals to a web site or a telephone number for more information or help in locating a treatment center.

Exhibit Booths—Set up an exhibit booth at a local hospital, health fair, or wellness event to disseminate information about effective treatment options and related subjects.

Banners—Display banners promoting September as ***Recovery Month*** in your community's most visible areas and outdoor venues. Ask local businesses to support the effort by displaying materials in their locations.

Public Service Announcements—Use the enclosed live-read public service announcements to promote drug and alcohol treatment on your local radio stations.

Finally, make sure that in all planned activities you have materials available with information and phone numbers to contact regarding treatment.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

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For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Live-Read Radio Scripts

NOTE: SAMHSA is pronounced: "SAM-SUH." It is the phonetic pronunciation of the acronym for the Substance Abuse and Mental Health Services Administration. Please read this as opposed to individual letters.

(:30)

If someone you know is struggling with a drug or alcohol problem, join the ***"Voices of Recovery"***—families, friends, treatment providers, and others in the community who are helping people recover and making a difference. For treatment information, call 1-800-662-H-E-L-P. That's 1-800-662-HELP. A public service of this station and SAMHSA's Center for Substance Abuse Treatment.

(:15)

Know someone struggling with drugs or alcohol? Add your voice to the voices of families, friends, and others who make recovery happen. For treatment options, call 1-800-662-H-E-L-P. A public service of this station and SAMHSA's Center for Substance Abuse Treatment.

(:30)

September is ***National Alcohol and Drug Addiction Recovery Month***. If someone you know is struggling with an addiction, join the ***"Voices of Recovery"***—families, friends, treatment providers, and others in the community who are helping people recover and making a difference. For treatment information, call 1-800-662-H-E-L-P. That's 1-800-662-HELP. A public service of this station and SAMHSA's Center for Substance Abuse Treatment.

(:15)

September is ***National Alcohol and Drug Addiction Recovery Month***—a time to add your voice to those who make recovery happen. For treatment options, call 1-800-662-H-E-L-P. A public service of this station and SAMHSA's Center for Substance Abuse Treatment.

About These Announcements

Radio is a wonderful medium to promote the fact that September is ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** and to provide the public with a toll-free number that can be used to find out more about treatment services. Remember, a radio public service announcement (PSA) qualifies for free air time only if it is used to promote a nonprofit organization or public service. Stations will often accept pre-written scripts from organizations seeking to convey a public service message that benefits members of the community. The station can read these scripts over the air.

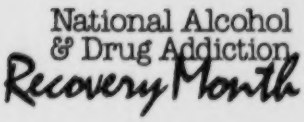
Two 30-second and two 15-second radio PSA scripts have been provided for your use. The scripts give the HHS/SAMHSA Center for Substance Abuse Treatment's toll-free national Helpline, 1-800-662-HELP, as a resource. *If your state, county, or community has its own toll-free hotline number, we encourage you to use it in place of the national number.* Please inform those operating the hotline that you will be using their number in the scripts.

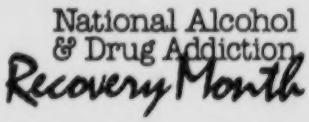
Call your local radio station to find out the name and correct address of the public affairs director. If there is no one at the station with that exact title, ask for the name and title of the person in charge of PSAs. Explain that you are working as part of the national effort to promote ***Recovery Month*** and to secure the support of radio stations in promoting treatment and informing listeners in your area where they can go for help.

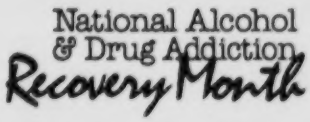
Once you have spoken with your contact, you should either fax or mail copies of the PSA scripts for consideration. When you retype the scripts to send them out, do not forget to list your contact name, organization, and phone number. Make sure to include a cover letter summarizing the main points you discussed, and state your appreciation for the air time these important messages will receive.

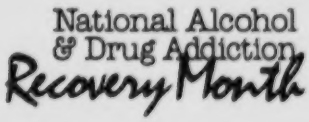
CAMERA-READY LOGO SHEET

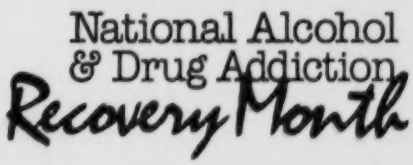
Customize your materials using the artwork provided. Logos below can be printed in either PMS 268 or black.

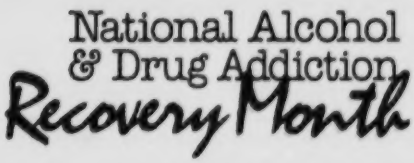


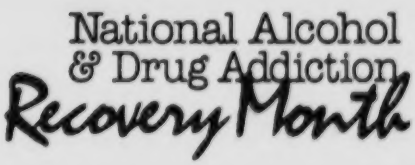


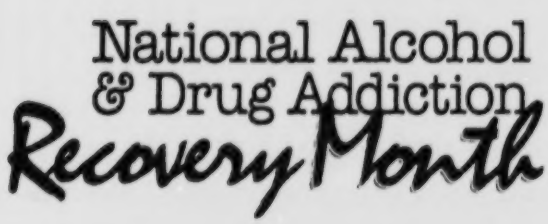


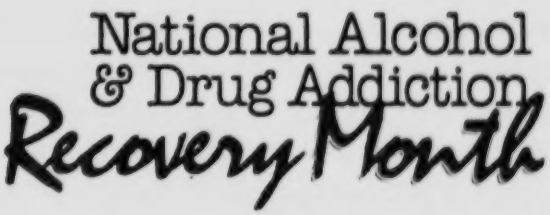


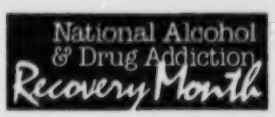


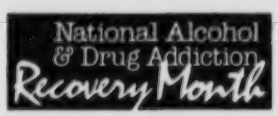


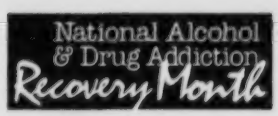


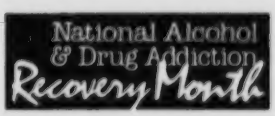


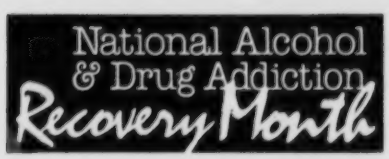


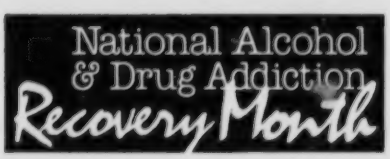


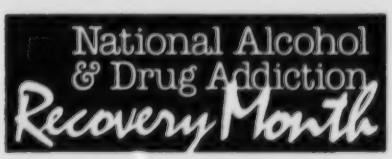


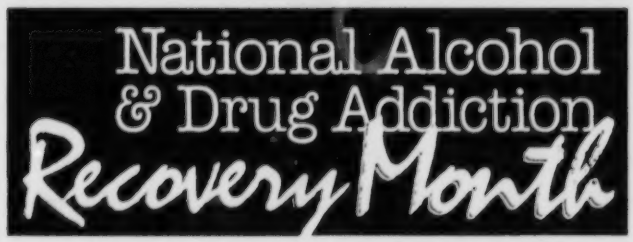


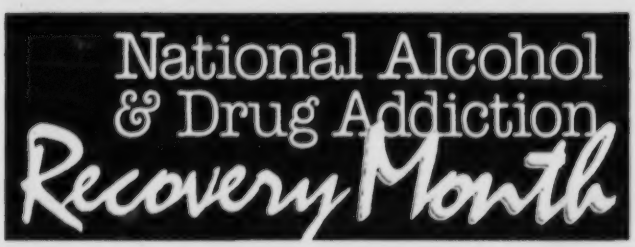












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National Alcohol
& Drug Addiction
Recovery Month

Overview of *Changing the Conversation* & General Facts About Addiction, Treatment, Recovery, and Drugs and Alcohol

Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment

> ***Changing the Conversation*** *envisions a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity, and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. We envision a society in which substance abuse/dependence is recognized as a public health issue, a treatable illness for which individuals deserve treatment. We envision a society in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise.*[1]

Negative attitudes about individuals seeking treatment and those in recovery continue to pervade every facet of society. As a result, the Nation's treatment programs and service infrastructure are underfunded and insufficient to meet ever-increasing demand.

To provide an opportunity for the field to reach a working consensus on how best to improve substance abuse treatment and recommend actions that over time could lead to needed change, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) developed ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.*** The report's ultimate goal is to "change the (national) conversation" about addiction and recovery to emphasize that drug and alcohol addiction is a treatable disease.

In November 2000, the HHS/SAMHSA Center for Substance Abuse Treatment published this extensive report outlining the following key guidelines for positive action to ensure appropriate addiction programs and services are available for all who need them:[2]

1. **Invest for Results**—Resources must be used wisely and appropriate investment must be made to ensure addiction and recovery programs and services produce desired results.
2. **"No Wrong Door" to Treatment**—Individuals who need treatment must be adequately identified and assessed and receive treatment no matter how they enter the realm of services.
3. **Commit to Quality**—Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.
4. **Change Attitudes**—Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.

5. **Build Partnerships**—Efforts by individuals and organizations in the treatment field to work with each other and with other people and groups who share their goal of improving treatment will require specific encouragement and support.

   As no one group or organization has the authority or resources to "change the conversation" alone, the report is directed at a broad audience. All segments of society—community groups and foundations, educators, employers, the faith community, government agencies, health practitioners and providers, the justice system, labor unions and trade associations, policymakers, allied service systems—and people with addiction problems, their families, and friends, must take action and join the voices of recovery to ensure ***Changing the Conversation's*** ultimate success. The guidelines for positive action in the report provide the basis for the ***Recovery Month*** **2002** observance theme, which is ***"Join the Voices of Recovery: A Call to Action."***

General Facts About Drug and Alcohol Use, Addiction, Treatment, and Recovery

In taking action to improve addiction treatment and recovery as a primary means of tackling the Nation's public health, safety, and economic challenges, all individuals or groups must be well-informed on the subjects of addiction, treatment, recovery, and the magnitude of drug and alcohol use and dependence in society. That said, the following facts are noteworthy:

Understanding Addiction and the Recovery Process

- Drug or alcohol addiction may begin with a personal choice to use these substances, but research shows that, for many, a physiological dependence soon takes hold; drug dependence produces significant and lasting changes in brain chemistry and function.[3]
- Addiction is a chronic medical illness, like other chronic illnesses such as Type 2 diabetes mellitus and hypertension, that can be successfully treated.[4]
- Recovery from drug or alcohol addiction is a process that can be quite lengthy. An occasional recurrence of drug or alcohol use during recovery is not an indication of failure.

Social Benefits of Drug and Alcohol Treatment

- The social cost of drug and alcohol addiction treatment in the U.S. is estimated at $294 billion per year in lost productivity and costs associated with law enforcement, health care, justice, welfare, and other programs and services.[5]
- Conservative estimates note that for every $1 invested in addiction treatment, there is a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.[6]

Improving the Effectiveness of Treatment for Drug and Alcohol Addiction

- Successful treatment programs and services must account for individual differences in race, ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, disability, and gender.[7]
- Treatment should be timely, affordable, and of sufficient intensity and duration to be effective. The system of care must provide a comprehensive array of treatment alternatives and support practitioner and provider efforts to deliver quality care.[8]
- The treatment delivery system must promote the development and application of new knowledge and treatment approaches as well as innovations that improve efficiency and responsiveness. [9]
- Family members and friends of individuals with addiction problems who attend 12-step support programs report strong improvements in their mental health/well-being, ability to function each day at home/work/school, and overall health status.[10]

Current Facts about Drug and Alcohol Use and Addiction in the U.S.

Illicit Drugs[11]

- An estimated 14 million Americans (6.3 percent of the population 12 and older) were current users of illicit drugs in 2000, meaning they had used an illicit drug at least once during the 30 days prior to being interviewed.
- Illicit drug use among youth was highest for those between the ages of 18 and 20 (19.6 percent) in 2000.
- As in prior years, men continued to have a higher rate of current illicit drug use than women in 2000 (7.7 percent vs. 5 percent). However, the rates of nonmedical use of psychotherapeutic prescription drugs were comparable (1.8 percent vs. 1.7 percent).
- The rates of current illicit drug use for major racial/ethnic groups in 2000 were: 6.4 percent for whites, 5.3 percent for Hispanics, and 6.4 percent for African-Americans. Rates were highest among American Indian/Alaska Natives (12.6 percent) and persons of multiple race (14.8 percent). Asian/Pacific Islanders had the lowest rates (2.7 percent).[12]
- Overall illicit drug use among teens remained steady in 2000. However, the use of Ecstasy (MDMA), steroids, and heroin (without using a needle) increased noticeably.[13]

Prescription Drugs

- Several leading indicators suggest that prescription drug addiction is on the rise in the U.S. In 1998, an estimated 1.6 million Americans used prescription pain relievers nonmedically for the first time, a significant increase from the 1980s when there were generally less than 500,000 first-time users per year. From 1990 to 1998, the number of new users of prescription pain relievers increased by 181 percent; of tranquilizers by 132 percent; of sedatives by 90 percent; and of stimulants 165 percent.[14]

- Of the 5.7 million users of illicit drugs other than marijuana, 3.8 million were using psychotherapeutics nonmedically in 2000. Psychotherapeutics include pain relievers (2.8 million users), tranquilizers (1 million users), stimulants (0.8 million users), and sedatives (0.2 million users).[15]
- The three classes of prescription drugs that are most commonly abused are opioids, which are most often prescribed to treat pain; central nervous system (CNS) depressants, which are used to treat anxiety and sleep disorders; and stimulants that are prescribed to treat the sleep disorder narcolepsy, attention-deficit hyperactivity (ADHD), and obesity.[16]
- Use of psychotherapeutics nonmedically increased among youth aged 16 and 17 between 1999 and 2000, from 3.4 percent to 4.3 percent. The increase was observed for pain relievers as well as stimulants (particularly methamphetamine).[17]
- Alcohol and prescription drug misuse affects up to 17 percent of older adults. As the average American continues to live longer, substance abuse among adults 60 and older is becoming one of the fastest growing health problems facing the country.[18]

Alcohol and Tobacco

- 12.6 million Americans aged 12 and older were heavy drinkers (five or more drinks at one occasion on at least five different days in the past 30 days), and approximately one-fifth (20.6 percent) of them participated in binge drinking (five or more drinks on one occasion at least once in the 30 days prior to survey).[19]
- In 2000, the illegal use of alcohol among teens was extremely widespread. About 27.5 percent, or 9.7 million young people between the ages of 12 and 20, reported drinking alcohol in the month prior to being surveyed. Of these, 6.6 million (18.7 percent) were binge drinkers and 2.1 million (6.0 percent) were heavy drinkers.[20] Sixty-two percent of 12th graders and 25 percent of 8th graders reported they had been drunk at least once.[21]
- Whites were more likely than any other race/ethnicity group to report current use of alcohol in 2000 (50.7 percent reported past month use). The next highest rates were for persons identified as mixed race (41.6 percent) and Hispanics (39.8 percent). The lowest current drinking rates were observed for Asian/Pacific Islanders (28 percent) followed by African Americans at 33.7 percent and American Indian/Alaska Natives at 35.1 percent.[22]
- A little over 29 percent of the American population aged 12 and older, or 65.5 million people, reported they used some form of tobacco in the past 30 days.[23]

Other Important Information Regarding Specific Illicit Drugs

Marijuana[24]

- Marijuana is the most commonly used illicit drug, used by 76 percent of current illicit drug users.
- An estimated 2 million persons first used marijuana in 1999. The average age of initial use in 1999 was 17 years.

Cocaine/Crack

- Cocaine is a powerfully addictive stimulant that directly affects the brain. It is generally sold on the street as a fine, white, crystalline powder, known as coke, C, snow, flake, or blow.[25]
- Crack is the street name given to the freebase form of cocaine that is processed from the powdered cocaine hydrochloride form to a smokable substance. It produces an immediate, euphoric high and is also inexpensive to produce and buy.[26]
- The long-term effects of cocaine include: addiction, irritability and mood disturbances, restlessness, paranoia, and auditory hallucinations. The medical consequences of cocaine abuse include: disturbances in heart rhythm, heart attacks, chest pain, respiratory failure, strokes, seizures and headaches, abdominal pain, and nausea.[27]

Hallucinogens

- Hallucinogens include LSD (lysergic acid diethylamide, also known as acid, blotter, boomers, cubes, microdot, or yellow sunshines), mescaline (also known as buttons, cactus, mesc, or peyote), and psilocybin (also known as magic mushroom, purple passion, or shrooms).[28]
- Under the influence of hallucinogens, the sense of direction, distance, and time become disoriented. These drugs can produce unpredictable, erratic, and violent behavior in users that sometimes leads to serious injuries and death. The long-term effects from using hallucinogens vary by individual; however, some common physical effects of using hallucinogens include increased heart rate and blood pressure; decreased awareness of touch and pain that can result in self-inflicted injuries; convulsions; coma; and heart and lung failure. Psychological effects include depression, anxiety, and paranoia; violent behavior; and persisting perception disorder (flashbacks).[29]

Heroin

- Heroin is the most abused and rapidly acting of the opiate class of drugs, and is highly addictive. It is typically sold as a white or brownish powder or as a black, sticky substance known on the streets as "black tar heroin."[30]
- The long-term effects of heroin abuse include: addiction, substantially increased risk of infectious diseases such as HIV/AIDS and hepatitis B and C due to intravenous use or risky sexual behaviors, collapsed veins, bacterial infections, abscesses, infection of heart lining and valves, and arthritis and other rheumatologic problems. Because most street heroin is "cut"

with other drugs or substances, users do not always know the strength of the drug or what is in it. As a result, they are at increased risk of overdose or death.[31]

- Heroin use (without using a needle) showed a significant increase in 12th grade in 2000. At the same time, heroin use in 8th grade showed the first decline in some years, after having doubled between 1993 and 1999.[32]

Methamphetamine[33]

- Methamphetamine and amphetamine use has been on the rise since 1994.
- Methamphetamine is a powerfully addictive stimulant associated with serious health conditions, such as memory loss, aggression, psychotic behavior, heart and brain damage, and increased risk of sexual behavior, which contributes to contracting hepatitis and HIV/AIDS.[34]

MDMA or Ecstasy

- Ecstasy is a stimulant, a so-called "club drug" because of its popularity with young people at night clubs and "raves."[35]
- In 2000, Ecstasy use increased at all three grade levels studied (8th, 10th and 12th). Its use is now more prevalent among American teens than cocaine use, and reported availability of the drug continues to increase sharply.[36]
- Side effects and health consequences of Ecstasy use include: increased heart rate, blood pressure and metabolism; feelings of exhilaration, energy, and increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, dehydration, heart failure; mild hallucinogenic effects; and impaired memory and learning.[37] Using Ecstasy can result in death for first-time users as well as habitual users.

Important Information Regarding Other Misused and Potentially Addictive Substances

Inhalants

- Inhalants are volatile substances that produce chemical vapors that can be inhaled to induce a psychoactive, or mind-altering, effect.[38] They include solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexl), laughing gas, poppers, snappers, and whippets.[39]
- Inhalants are the only class of drugs that tend to be more popular among younger teens than among older ones. Annual prevalence rates for 8th, 10th, and 12th graders in 2000 were 9 percent, 7 percent, and 6 percent respectively.[40]
- Signs of inhalant abuse include: chemical odors on breath or clothing; paint or other stains on face, hands, or clothes; hidden empty spray paint or solvent containers and chemical-soaked rags or clothing; drunk or disoriented appearance; slurred speech, nausea, or loss of appetite; inattentiveness, lack of coordination, irritability, or depression; and sudden death, which can happen to novice or habitual users.[41]

Steroids

- "Anabolic steroids" is the familiar name for synthetic substances related to the male sex hormones (androgens). They promote the growth of skeletal muscle (anabolic effects) and the development of male sex characteristics (androgenic effects).[42]
- Steroid use among younger male teens increased sharply in 1999, and continued to rise among 10th grade boys in 2000. Use held steady in the other two grades studied (8th and 12th) in 2000.[43]
- Steroids can be taken orally, as well as by injection. The possible health consequences associated with their use include: infertility, breast development, and shrinking of the testicles in males; baldness; short stature; tendon rupture; heart attacks or enlargement of the heart's left ventricle; cancer and certain kinds of hepatitis; acne and cysts; HIV/AIDS; and disturbing psychiatric effects, such as homicidal rage, mania, and delusions.[44]

Ritalin

- Methylphenidate, also known as Ritalin, JIF, MPH, R-ball, Skippy, the smart drug, and vitamin R, is a schedule II drug with high potential for abuse. It can be injected, swallowed, or snorted, and can cause an increase or decrease in blood pressure, psychotic episodes, digestive problems, loss of appetite, and weight loss.[45]
- Ritalin abuse may be increasing. Eight sites in the National Institute on Drug Abuse's most recent Community Epidemiology Work Group reported its abuse, primarily among youth who crush and snort tablets. Ritalin is also being injected, sometimes with heroin or heroin and cocaine.[46]

To learn more about drug and alcohol addiction, treatment, and usage rates, you can access many of the materials cited in this fact sheet by contacting an information specialist at SAMHSA's National Clearinghouse for Alcohol and Drug Information toll-free at 1-800-729-6686 or 301-468-2600. You can also access the Clearinghouse via the Internet at http://www.health.org or by e-mail at info@health.org.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month.* Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

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14 *Prescription Drugs: Abuse and Addiction, National Institute on Drug Abuse Research Report Series.* NIH Publication No. 01-4881. Rockville, MD: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, printed April 2001.

15 *Summary of Findings from the 2000 National Household Survey on Drug Abuse.*

16 *Prescription Drugs: Abuse and Addiction.*

17 *Summary of Findings from the 2000 National Household Survey on Drug Abuse.*

18 Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults.* Treatment Improvement Protocol (TIP) Series, No. 26. DHHS Publication No. (SMA) 98-3179. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998.

19 *Summary of Findings from the 2000 National Household Survey on Drug Abuse.*

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22 *Summary of Findings from the 2000 National Household Survey on Drug Abuse.*

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24 ibid.

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26 ibid.

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28 Commonly Abused Drugs. Chart produced by the National Institute on Drug Abuse, National Institutes of Health, printed August 2000.

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Educators and Schools

Children in families with adults who abuse alcohol or drugs are at higher than average risk for becoming substance abusers themselves. Strong scientific evidence now suggests that addiction tends to run in families. The implication for youth is that one in four children under the age of 18 lives in a home where alcoholism or alcohol abuse is a fact of daily life.[1]

Recent findings regarding adolescent drug and alcohol use reveal that: 1) marijuana remains the most widely used illicit drug; 2) the illegal use of alcohol by minors is common; and 3) the use of drugs such as Ecstasy, steroids, and heroin (without using a needle) is rising.[2] In fact, by the time students complete high school, 70 percent (11.1 million) have smoked cigarettes, 81 percent (12.8 million) have drunk alcohol, 47 percent (7.4 million) have used marijuana, and 24 percent (3.8 million) have used another illicit drug.[3]

All of this is particularly alarming since research now strongly suggests that the earlier a child smokes, drinks, or uses drugs, the greater the likelihood of dependence on those substances.[4]

Between grade school and high school, every young person must make personal decisions about whether or not to use drugs, alcohol, or tobacco. Study after study has shown that parents play the strongest role in their children's lives when it comes to the choice to abstain from doing so. In fact, young people who live in "hands-on" households—where parents establish appropriate rules and standards of behavior and talk to their teens—are at lower risk for use than those who do not.[5]

However, the second strongest line of defense in the effort to prevent and treat drug and alcohol problems among young people comprises the Nation's schools and its educators, including teachers, administrators, guidance counselors, athletic coaches, and support staff. These individuals and the schools in which they work can exert tremendous influence when it comes to two of the key factors linked to substance use and dependence among young people—availability and perception of risk. They can support young people in need of treatment for their drug or alcohol problems, and support them in their recovery efforts—especially when it comes to reentering school after a related, and perhaps prolonged, absence. In addition, educators and school administrators can play a critical part in identifying and supporting the estimated one in four children in a typical classroom who live with some form of addiction problem at home.[6]

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Changing the Conversation

The *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment* is being spearheaded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) in an effort to improve the quality and availability of treatment services and programs nationwide. Dozens of expert panelists, stakeholders, and members of the general public were consulted to provide guidelines for positive action and directions for addressing the problems associated with substance abuse treatment.

Improving and expanding treatment for people with drug and alcohol problems, including adolescents and their families, is a primary goal of *Changing the Conversation*. Educators and school administrators who want to have an impact on attaining this goal can take action on four key guidelines for positive action:

1. **"No Wrong Door" to Treatment**—Educators and school administrators should play a vital role in identifying students who have drug and alcohol problems or who are living with them at home in order to serve as a source of information and support in a number of critical ways.
2. **Change Attitudes**—Educators and school administrators have an influence on children and how they perceive the world around them. As such, their actions, what they teach, what they say, and how they say it are extremely meaningful. Educators and school administrators can actually affect not only their students' knowledge, attitudes, and behaviors when it comes to drug and alcohol use, addiction, treatment, and recovery, but those of the surrounding community as well.
3. **Build Partnerships**—Educators and school administrators must view the school in which they work, as well as the community in which it operates, as a partner in the effort to reduce usage rates among young people and create positive solutions and systems of support for individuals and their families.
4. **Commit to Quality**—As key information and referral sources for children who may need support in coping with substance abuse in their family situations, educators, their staff, and school administrators need to establish consistent communications and collaborations with local substance abuse treatment services and programs to ensure the highest standards of quality are utilized for information dissemination, staff training, and client referral. Administrators should consider offering incentives or assistance programs for their staff to promote incorporation of established standards of practice. Efforts should include reaching out to local experts for assistance in instituting the latest "best practices" training standards.

To accomplish these objectives, there are a number of very specific steps that educators, school administrators, and school systems can take to begin making inroads on the four key guidelines for positive action mentioned above. Here are just a few for your consideration.

Making a Difference: What Can I Do?

1. **Do what you do best—educate.** Learn all you can about drug and alcohol use and addiction and its effects on young people and their families. Then take that knowledge and share it with others whenever and wherever you can. If you are an administrator, encourage your staff members to learn as much as they can about drug and alcohol use, addiction, treatment, and the recovery process. There are a number of organizations that can help you. (See the attached list for contact information.)

2. **Do everything you can to make your school drug- and alcohol-free.** Students who attend schools where substances are readily available are twice as likely to smoke, drink, or use illegal drugs as those who attend drug-free schools. This is frightening when you consider that nine and a half million high school students—60 percent—and almost five million middle school students—30 percent—attend schools where drugs are used, kept, and sold.[7] This last fact may be disconcerting, but it's not surprising given the remarkable differences that exist between students' and school personnel's perceptions of the problem. When asked if their school grounds were drug-free, 11 percent of principals and 35 percent of teachers said they were not drug-free, compared to 66 percent of students who said they were not drug-free.[8]

   Make every effort to integrate drug and alcohol education and student assistance programs into your school's curriculum and culture. Plan and promote drug- and alcohol-free activities. School-sponsored, substance-free prom and after-prom (or other dance) parties have steadily gained popularity and have been quite successful.

3. **Be mindful of what you say and how you say it.** Years of misunderstanding, and previously, a lack of scientific data, have fostered a firmly established and negative vernacular surrounding drug and alcohol use, addiction, treatment, and recovery. As a result, public perceptions and attitudes about people with drug and alcohol problems and the challenges they face remain grounded in the outdated misperception that addiction is a moral failing rather than a chronic illness. When speaking about these individuals and issues, be mindful of the bias in the language you use. And, correct students if you overhear them using derogatory terms.

4. **Don't be afraid to get involved.** Many teachers, coaches, counselors, and administrators come in contact with children who live in alcohol- or drug-dependent families. As trusted and respected figures in their lives, these adults are in a unique position to offer support by providing these children with age-appropriate information, teaching them to identify and express their feelings in healthy ways, and probably more importantly, taking the time to develop a healthy adult/child relationship. Educators and school personnel are in a unique position to identify problems and intervene if necessary to ensure these students get the help they need.

As an educator or someone employed by the school system, you need to be able to recognize the signs of young people at risk for drug and alcohol use, such as poor academic performance; frequent absences; current substance use; low self-esteem; depression or anxiety; learning, conduct, or eating disorders; sensation-seeking/impulsivity; discipline problems; inaccurate or limited knowledge about the effects of substance use; and low perceptions of risk of substance use.[9] In addition, students who live with drug and alcohol problems at home are at increased risk of developing problems of their own. If you believe a student is at risk, you may want to refer him or her to a guidance counselor, social worker, or student assistance program. If you do not think the youth will be receptive, try talking with the counselor or other resource person first to get his/her guidance on how you can best work together to intervene. There also are a number of resources to assist you in this regard, including HHS/SAMHSA/CSAT's *You Can Help: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family* (Publication Number: PHD 878). Order a free copy by contacting SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or 301-468-2600 or 1-800-487-4889 (TDD).

5. **Support students in recovery.** Students who are recovering from drug and alcohol problems must have support upon their reentry to school not only from their teachers, but the entire school staff and their peers. To the degree necessary for each recovering student to feel comfortable, confidentiality about his or her problems should be maintained. In addition, the following accommodations may need to be made to ensure success:[10]

   - Adjust schedules to allow for aftercare treatment and match student/teacher learning and teaching styles to maximize the student's self-esteem and academic success.
   - Provide mentoring to ensure the student feels supported in the back-to-school transition.
   - Facilitate the formation of recovery groups to facilitate healthy peer interactions.
   - Periodically assess the progress of your efforts.

In addition, involve family members in the recovery process wherever possible, and keep them informed of student progress or any concerns that may arise. School-based mental health and student assistance programs that include drug- and alcohol-related services can be extremely helpful to any student who has a problem, but also to students who live with drug or alcohol problems at home.

Making a Difference: How Can I Focus My Efforts during *Recovery Month?*

Recovery Month is celebrated nationwide every September. The theme for 2002 is *"Join the Voices of Recovery: A Call to Action."* Educators and the school administrators can use this theme to plan and undertake activities aimed at combating drug and alcohol use among students and fostering greater understanding about addiction, treatment, and recovery. Here are some ideas to consider:

1. **Scrutinize your situation.** If you are an administrator, set up a staff meeting in early September to take careful inventory of potential alcohol and drug problems within your school. If you are an educator or other school staff person, encourage your administrator to do so because many schools do not recognize that there is a drug and/or alcohol problem among their students. Talk with members of the student body—even if it's just one-on-one and in private—to get a true sense of what is going on and to gather feedback on the severity of the problem and what can be done about it.

   Know some of the signs to determine if your school is at risk: tobacco, alcohol, and drugs are available at school; parents are not engaged in school; mixed or inconsistent messages about substance use are conveyed and perpetuated; there is low student attachment to the school; teachers and administrators openly smoke at school; and there are low or inconsistent expectations for student achievement and behavior.[11] Upon more careful scrutiny, if your school is not as drug- and alcohol-free as you once thought, there are numerous resources available to assist your school to become drug-free. (See the attached list for contact information.)

2. **Join forces to educate and inform.** In the months following *Recovery Month*, schools can reach out to community groups, health providers, and treatment and recovery support program service providers to create partnerships aimed at educating and informing students and their families about drug and alcohol use, addiction, treatment, and recovery. Hold a school assembly or grade- or class-specific discussions to talk about the physiological effects of drug and alcohol use. Invite experts in from the outside to share their expertise and firsthand experience on the front lines dealing with these issues. Encourage students to engage in conversations about the issues, and let them know where they can go for assistance if they think they or someone they love might have a problem. One resource for materials to plan such programs is the National Institute on Drug Abuse's (NIDA), NIDA Goes to School web site at www.nida.nih.gov/GoestoSchool/NIDAg2s.html.

3. **Communicate with parents.** Schedule evening programs during the month of September for parents, grandparents, stepparents, and foster parents to learn more about the levels of drug and alcohol use among young people. Tell them the signs to look for in children. Inform them about the prevention and treatment resources available in the community to help them, their kids, or other loved ones who may be dealing with a drug or alcohol addiction. Invite expert speakers from the community to talk with them about the issues, and make sure to include representatives from the recovery community.

Consider joining forces with other educators from your school to encourage the superintendent to write a letter to parents in your district about how pervasive the drug and alcohol problem is in your area. The letter should reinforce to parents the tremendous influence they play in keeping their kids drug- and alcohol-free. It should let parents know that your school views the effort to combat drug and alcohol use and addiction as a two-way partnership, one in which everyone must play a part if it is to be successful. The letter should mention any activities being held for parents in your school(s) during the month of September and provide information on resources in the community available to assist them.

4. **Set up a community network of treatment and recovery programs and services.** September is a time to make sure your school has a network in place to refer students and their family members with drug and alcohol problems to the appropriate treatment and recovery resources in your community. School administrators, educators, or other personnel who determine a student has a drug or alcohol problem should be able to readily work with community agencies to arrange for proper assessment, referral, counseling, treatment, and follow-up care.

   If your school already has a network in place, you are to be congratulated. ***Recovery Month*** is a good opportunity to conduct an audit of the services and programs in your network to make sure they are still viable and that they are meeting the needs of your students and their families. If your school is not tapped into an established network of programs and services in the community, September is a great time to get started. Make it a goal for the coming year to establish a network for your school by implementing ***Recovery Month 2002***.

5. **Create and/or promote student support groups at your school**. Support groups can be a key component in the life of any young person who is contending with or recovering from drug and/or alcohol addiction. Recovery support groups are valuable adjuncts to outpatient services and residential programs for teenagers during the recovery process.[12] They are also beneficial for young people who are dealing with a parent or other loved one who is addicted to alcohol or drugs. The fact that September is ***Recovery Month*** provides your school with the perfect opportunity to create and/or promote student support groups in your school or in your community and to reinforce their effectiveness in improving the lives of those who participate in them.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Youth Substance Abuse Prevention Initiative
301-443-1845
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rochville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Keeping Kids Alcohol Free Campaign
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF EDUCATION (ED)
400 Maryland Avenue, SW
Washington, DC 20202-6123
800-872-5327 (Toll-Free)
www.ed.gov

ED, Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
202-260-3954
www.ed.gov/offices/OESE/SDFS

U.S. DEPARTMENT OF JUSTICE (DOJ)
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
202-353-1555
www.usdoj.gov

DOJ, Drug Enforcement Administration
Demand Reduction Section
600 Army Navy Drive
Arlington, VA 22202
202-307-7936
www.dea.gov

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

American Psychological Association
Policy and Advocacy in the Schools
750 1st Street, NE
Washington, DC 20002-4242
800-374-2723 (Toll-Free)
202-336-6123 (TTY)
www.apa.org

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

Latino American Youth Center
1419 Columbia Road, NW
Washington, DC 20009
202-319-2225
www.layc-dc.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Asian Pacific American
Families Against Substance Abuse
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association for Equal Opportunity
in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, MD 20910
301-650-2440
www.nafeo.org

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

National Association of Social Workers
750 1st Street NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Association of State Alcohol
and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Council on Alcoholism
and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Education Association—Health
Information Network
1201 16th Street, NW, Suite 521
Washington, DC 20036
202-822-7570
www.neahin.org

National Latino Children's Institute
320 El Paso Street
San Antonio, TX 78207
210-228-9997
www.nlci.org

National PTA Drug and Alcohol Abuse
Prevention Project
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
800-307-4782 (Toll-Free)
www.pta.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

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1 *You Can Help Pamphlet: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family.* Center for Substance Abuse Treatment, U.S. Department of Health and Human Services Publication No. (SMA) 01-3544, 2001.

2 *Monitoring the Future: National Results on Adolescent Drug Use, Overview of Key Findings 2000.* NIH Publication No. 01-4923. Bethesda, MD: National Institute on Drug Abuse, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services, April 2001.

3 *Malignant Neglect: Substance Abuse and America's Schools.* New York, NY: National Center on Addiction and Substance Abuse, Columbia University, September 2001.

4 *Substance Abuse and the American Adolescent: A Report by the Commission on Substance Abuse Among America's Adolescents.* New York, NY: National Center on Addiction and Substance Abuse, Columbia University, August 1997.

5 *National Survey of American Attitudes on Substance Abuse VI: Teens.* New York, NY: National Center on Addiction and Substance Abuse, Columbia University, February 2001.

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7 *Malignant Neglect.*

8 ibid.

9 ibid.

10 Codori, Mike. Aftercare for recovering students: Four follow-up methods. *Student Assistance Journal*, 11(4): 28-29, March/April 1999.

11 *Malignant Neglect.*

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Public Officials and Civic Leaders

> *...the policy decisions that criminalize addiction often come out of a belief that these are fiscally responsible choices. So do the health care management measures that restrict access to treatment. But it's often the stigma of addiction that help people feel justified in making these choices—and make it all seem reasonable to the voting public.*[1]

In 2000, an estimated 14 million Americans used illicit drugs, and 12.6 million were heavy drinkers of alcohol.[2, 3] Drugs and alcohol dependence and addiction take a tremendous toll on society. In particular, state and local governments must contend with the repercussions in the form of overwhelmed social service systems; escalating social and economic costs associated with illness, injury, death, and crime; challenges to the education system; and the virtually incalculable effects on families, particularly children. Children in families affected by addiction also experience difficulties that can place increased burdens on state and local governments.[4]

In 1998, states spent $620 billion of their own funds to operate state government and provide public services such as education, Medicaid, child welfare, mental health, and highway safety. Of that amount, $81.3 billion, or more than 13 cents of every state budget dollar, was spent on shoveling up the wreckage of drug or alcohol misuse and addiction.[5] And, for every dollar spent on drug- and/or alcohol-related problems, 95.8 cents goes to pay for the burden it puts on public programs, while just 3.7 cents goes to fund prevention, treatment, and research programs aimed at reducing the actual incidence and consequences of addiction.[6]

Today, state and local governments are at a crossroads in deciding how best to expend limited resources to deal with one of the Nation's most pressing public health problems—the misuse of and dependence on drugs and/or alcohol by millions of Americans. The good news is that an extensive body of Federally-funded research shows that, with treatment, very large decreases in drug use, drug- and alcohol-related medical visits, and criminal activity are experienced, while financial self-sufficiency improves (e.g., employment increases, and welfare receipt and homelessness decline).[7] In addition, 30 years of advances in science have reshaped our understanding of addiction and have created an array of effective interventions. In fact, treatment for drug or alcohol addiction has proven as effective as treatment for other chronic, manageable, long-term health conditions, such as diabetes, hypertension, and asthma, so long as the treatment is "well-delivered and tailored to the needs of the particular patient."[8] And, treatment is cost-effective. Conservative estimates are that for every $1 invested in addiction treatment, a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and losses from theft results. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.[9]

Changing the Conversation

The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) launched ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*** to ensure that quality treatment services and programs are available to all who need them. As a first step, dozens of expert panelists, stakeholders, and members of the general public were consulted in the development of five key guidelines for positive action that must be addressed if the ***Changing the Conversation*** goals are to be met. Public officials and civic leaders at all levels of government can and must play an active role in affecting change in each of the five guidelines for positive action in order for the ***Changing the Conversation*** goals to be successful. They are:[10]

1. **"No Wrong Door" to Treatment**—Effective systems must ensure that anyone needing treatment is identified and assessed and receives treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.
2. **Invest for Results**—The wise use of resources requires investment in treatment and services that in turn must produce desired results.
3. **Commit to Quality**—Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.
4. **Change Attitudes**—Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.
5. **Build Partnerships**—Effective efforts by individuals and organizations throughout the treatment field to work together and with outside parties who have a stake in affecting change will require encouragement and support.

Whether you are a civic leader, local public official, state legislator, governor, or member of Congress, you are a recognized and respected leader in your community. You have a tremendous amount of credibility among your constituents when it comes to critical social issues: drug and alcohol addiction, treatment, and recovery are no exception. Whether or not our communities and the nation as a whole ultimately triumph over the scourge of addiction is largely dependent on the leadership of individuals like you. In keeping with the five guidelines for positive action highlighted by ***Changing the Conversation***, here are some thoughts on what you can do to affect change.

Making a Difference: What Can I Do?

1. **Support prevention and treatment.** Effective prevention and treatment programs present the most significant opportunities to reduce the burden of drug and alcohol problems on both the public and private sectors. If young people can be kept away from drugs and alcohol during their youth, the chances are good that they will never develop a problem later in life.

   Treatment is the most cost-effective intervention once addiction has taken hold. An investment in effective treatment yields long-term reduced costs, whether the patients are offenders in the criminal justice system, clients in the mental health system, parents whose children are in foster care, welfare recipients, youth in the juvenile justice system, children of individuals with drug and alcohol problems, children whose parents are involved in the criminal justice system, children of drug- or alcohol-abusing welfare recipients, pregnant women and their partners, or drug- and alcohol-involved drivers.[11] Support prevention and treatment services and programs to meet the needs of these populations.

2. **Take steps to impact the bottom line.** States and local government entities control a range of legislative, regulatory, and tax powers that can ultimately reduce the impact of addiction. Some steps to consider include: require treatment for drug and alcohol offenders who are involved in publicly funded programs; mandate treatment for those who are convicted of related traffic violations; enforce the prohibition against selling alcohol and tobacco to minors; include questions about alcohol and substance abuse and addiction on licensing examinations for teachers, health care professionals, social workers, corrections and juvenile justice staff, and court personnel in order to ascertain their knowledge about addiction issues; and dedicate taxes from tobacco and alcohol sales to prevention and treatment of alcohol and substance abuse and addiction.[12] Give some thought to how you can work to implement some of these changes in your district or community.

3. **Manage for better results.** Public officials and civic leaders should set targets for reducing the impact of alcohol and substance abuse and addiction on their constituents and budgets. They should work to install management practices to achieve those targets. For instance, teachers, health care workers, social services, criminal and juvenile justice staff, and court personnel should be trained to implement initial screening for alcohol and substance abuse and addiction, so that they know how and when to intervene effectively. Individuals who appear positive for alcohol and substance abuse and addiction must be fully assessed and receive timely, appropriate, and effective treatment, including relapse management. Systems must be established to measure the cost-effectiveness of prevention and treatment programs. Responsibility for managing any investments in prevention and treatment programs and services should reside with a designated individual or agency. Investment should be made for research and evaluation of cost-effective policies and programs.[13] At first glance, this "wish list" may seem overwhelming, so take a careful look at those areas where you can begin to make improvements and then gradually work to further your ultimate goals.

4. **Facilitate partnerships.** Reach out to other stakeholders in your community or district who have a vested interest in joining forces to find solutions to the drug- and alcohol-related issues that most affect those you serve. Specifically, work to build bridges of understanding between the public and private sectors. Find ways for representatives from the health care, social service, criminal justice, and mental health communities to work together to identify very specific areas of concern, and work together to address those issues. As a public official or civic leader, your willingness to take a leadership position on this issue will be welcomed.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

September 2002 is ***Recovery Month***. It is a time set aside each year for all of us to discuss actions needed to reduce the impact of alcohol and substance abuse and addiction, promote the effectiveness of treatment, and better understand the recovery process. This year's theme is ***"Join the Voices of Recovery: A Call to Action."*** As a public official or other civic leader, there are steps you can take during ***Recovery Month*** and beyond to contribute to the national effort. Here are some ideas to get you started:

1. **Speak out.** Be vocal about the benefits of drug and alcohol treatment during ***Recovery Month***. Make a point to include the fact that September is ***Recovery Month*** in any public presentation you make. Highlight some of the key facts about addiction, treatment, and the recovery process that will reduce stigma and enhance understanding, acceptance, and support for individuals and their families who are dealing with these issues. If you are invited to speak at any one of dozens of Community Forums being held nationwide throughout the month, agree to participate and take advantage of the opportunity.

2. **Issue a proclamation.** Using the sample proclamation provided in this year's ***Recovery Month*** kit as a guide, issue a proclamation recognizing September as ***Recovery Month*** and calling attention to some critical drug- and alcohol-related issues that most affect your constituents. Find out what key concerns exist within your community or district that would be most recognizable and that would prompt the greatest degree of feedback and interest. Announce that the proclamation is just a first step on the road to creating partnerships, developing goals and objectives, and creating solutions to address those concerns.

3. **Talk to the media.** Media is critical when it comes to drug and alcohol use, addiction, treatment, and recovery. The stigma associated with these issues is still so great that all matters of public and social policy are still adversely affected. Use ***Recovery Month*** as a "news hook" to talk to the media about addiction as a chronic health condition for which treatment can be effective. Write an op-ed or letter to the editor arguing the case for treatment as a necessary component of the criminal and juvenile justice systems. Schedule a public affairs radio or cable television opportunity to discuss the need for equal resources for addiction/mental health services and programs and other standard medical benefits. As a public official or civic leader, you are encouraged to grab the media's attention on these and other critical issues during ***Recovery Month*** and throughout the year.

4. **Set aside some discussion time.** As a public official or other civic leader, it is important to remember that millions of Americans are affected by drug and alcohol addiction, either directly or indirectly. During ***Recovery Month***, thousands of individuals who are in recovery from drug and alcohol addiction, their family members, treatment professionals, and other stakeholders will be approaching their public officials and other civic leaders with their thoughts and concerns about addiction, treatment, and recovery. Be open to their pleas for your time. Accept a brief meeting to hear from them and talk about how you can work together to create solutions to the challenges we all face as a result of alcohol and substance abuse and addiction. The individuals who reach out to you are very dedicated to putting an end to our nation's addiction epidemic, and they want to do it in a way that makes good fiscal and common sense. Your contribution to the effort to reduce alcohol and substance abuse and addiction and make treatment available to all those who need it will be greatly strengthened.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

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Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Room 13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Workplace Helpline
800-967-5752 (Toll-Free)
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

Other Resources

American Bar Association
Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
202-662-1784
www.abanet.org

American Council on Alcoholism
3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344 (Toll-Free)
www.aca-usa.org

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005-4006
202-371-9090
www.astho.org

Capitol Decisions, Inc.
1420 New York Avenue, NW, Suite 600
Washington, DC 20005
202-737-8168

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Committee for Quality Assurance
2000 L Street, NW, Suite 500
Washington, DC 20036
202-955-3500
www.ncqa.org

National Conference of State Legislatures
444 North Capitol Street, NW, Suite 515
Washington, DC 20001
202-624-5400
www.ncsl.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
800-969-6642 (Toll-Free)
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National TASC (Treatment Accountability for Safer Communities)
300 I Street, NE, Suite 207
Washington, DC 20002
202-544-8343
www.nationaltasc.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

The National GAINS Center
(for People with Co-Occurring Disorders in the Justice System)
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-311-4246 (Toll-Free)
www.gainsctr.com

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2 *Summary of Findings from the 2000 National Household Survey on Drug Abuse.* DHHS Publication No. (SMA) 01-3549. Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2001.

3 "Current illicit drug users" used an illicit drug sometime during the month prior to interview. "Heavy drinkers" had five or more drinks on the same occasion at least five different days in the past 30 days.

4 *Children of Addicted Parents: Important Facts for State and Local Government Agencies.* National Association for Children of Alcoholics, December 2001.

5 *Shoveling Up: The Impact of Substance Abuse on State Budgets.* New York, NY: National Center on Addiction and Substance Abuse, Columbia University, January 2001.

6 ibid.

7 *The National Treatment Improvement Evaluation Study (NTIES): Highlights.* DHHS Publication No. (SMA) 97-3156. Rockville, MD: Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1997.

8 Leshner, A.I. Science-based views of drug addiction and its treatment. *Journal of the American Medical Association* 282, 1999. pp. 1314-1316.

9 *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 00-4180. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000.

10 *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.* DHHS Publication No. (SMA) 00-3480. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, November 2000.

11 *Shoveling Up.*

12 ibid.

13 ibid.

Employers

Most of the nation's 11.8 million adult illicit drug users are employed. Studies show that 9.1 million of them (77 percent) were employed either full- or part-time in 2000.[1] In addition, millions of them are problem drinkers.[2] Drug and alcohol addiction affects every facet of our society, including businesses of every size, kind, and geographic locale. Employee substance abuse is associated with decreased productivity and increased on-the-job accidents, as well as increased absenteeism, turnover, and health care costs.

A review of the literature on the impact of drugs and alcohol in the workplace concludes that, compared to other workers, employees who abuse or are addicted to alcohol or drugs:

- Have more lengthy absences
- Use more sick days and benefits
- Are tardy more frequently
- Are more likely to be involved in accidents
- Are more inclined to steal property belonging to the employer or other employees
- Work well below their productive capacity

Working individuals, who themselves may not have a drug or alcohol problem but who care about or live with someone who does, are noticeably affected at work as well. For instance, non-alcoholic members of alcoholics' families use 10 times as much sick leave as members of families where alcoholism is not a factor.[3] And, more than half of all family members of alcoholics who are employed (80 percent) report their ability to function at work and home is impaired as a result of living with an alcoholic.[4]

Fortunately, by supporting drug and alcohol treatment and recovery programs for employees and their families, and ensuring that alcohol is not the centerpiece of employer celebrations, any business, no matter how large or small, can increase productivity and morale among its employees. It can also reduce errors and increase performance, lower workers' compensation and health insurance premiums, and in the long run, reduce absenteeism, increase retention, and improve safety. The costs of doing so are minimal when you consider the long-term payoff. In fact, employer fears that providing drug and alcohol addiction and mental health services coverage for their employees will bring an explosive increase in health care costs are unfounded. Study after study has shown that the additional costs of adding full benefits for substance abuse and mental health services would range from just 1 to 4 percent of premium, depending on the health plan in question.[5, 6]

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Changing the Conversation

Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment is a nationwide effort sponsored by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) to enhance the availability and effectiveness of treatment for drug and alcohol addiction. As part of this endeavor, dozens of experts, stakeholders, and members of the general public who are interested in these issues helped to formulate guidelines for positive action that need to be addressed if *Changing the Conversation's* goals are to be met. They are:[7]

1. **"No Wrong Door" to Treatment**—Employers should establish programs, policies, and procedures that ensure employees with drug and alcohol problems and their families have access to treatment services.
2. **Invest for Results**—Employers should invest in coverage for alcohol and drug treatment and counseling services as part of their benefits packages.
3. **Commit to Quality**—Effective treatment services result in productive employees.
4. **Change Attitudes**—Employers can foster greater understanding about addiction, treatment, and the recovery process within their workplace.
5. **Build Partnerships**—Employers should partner with other businesses, those in the treatment field, and community-based service organizations to affect change in both the workplace and in the community.

Employers are deeply affected by the effects of untreated addiction. By taking steps to actively acknowledge, support, and work for solutions to drug and alcohol problems, they do themselves and society an invaluable service in terms of goodwill, cost savings, and productivity. Bearing in mind the five guidelines for positive action identified by *Changing the Conversation*, here are some key steps employers and businesses can take to make a contribution.

Making a Difference: What Can I Do?

1. **Get the facts.** There continues to be tremendous stigma associated with drug and alcohol addiction. For many years, public perception has been that addiction is the result of willful misconduct or immorality. This misconception has resulted in a lack of resources dedicated to treating drug and alcohol problems, as well as a pervasive lack of support and understanding for individuals with these problems. The last few decades of scientific research have proven that addiction is a chronic health condition that can be successfully treated. In fact, treatment for addiction is as successful as treatment for other chronic diseases such as diabetes, hypertension, and asthma.[8] Tap the resources listed at the back of this fact sheet to learn more.

2. **Create a flexible work environment that is recovery-friendly**. Examine your personnel policies and procedures to eliminate any unlawful discrimination in hiring and employment practices. Make sure that the privacy and confidentiality of people in recovery are protected. Remove unnecessary hardships for people in recovery by instituting more flexible practices that help all employees balance work with personal and family responsibilities. For instance, flextime policies may make it easier for an employee in recovery to attend a recovery support meeting on his/her lunch hour or to leave work early to attend continuing care sessions. Be mindful to plan work-related social events that take into consideration those employees who do not drink, and to avoid encouraging drinking to excess.

3. **Offer an Employee Assistance Program (EAP) to help employees grappling with addiction and other problems that affect their work performance.** By providing intervention, assessment, and referral to treatment, EAPs can help employees with substance abuse problems get the help they need. EAPs also provide short-term counseling in a range of areas—including family problems, grief, stress, and other personal issues. Be vigilant about in-service or continuing education for your internal human resources personnel on drug- and alcohol-related issues. Provide informational materials on local community resources and support programs to your employees.

4. **Join forces.** Create partnerships with other area businesses to defray your EAP costs, learn about community treatment providers and recovery support groups, and talk about the challenges you all face and how you can work together to solve them. Become familiar with community-based service organizations and social services available in your community. By networking with other employers, as well as the local treatment and recovery communities, you can collaborate to save money, exchange ideas, and support one another in your efforts to minimize the effects of drug and alcohol problems in the workplace and community.

5. **Provide inclusive health care benefits.** Untold numbers of Americans do not get the treatment they need for their drug or alcohol problems because they cannot afford it. The majority of them are employed, and many even have health insurance. Unfortunately, their benefits often do not include treatment for drug and alcohol problems or the benefits they do provide are too limited to be effective. As an employer, make coverage for drug and alcohol treatment and counseling a part of your next health insurance contract negotiation. Like many other employers, you may very well find that the long-term benefits of covering these services greatly outweigh any short-term costs.

6. **Get your foundation involved**. Many businesses create or are associated with nonprofit foundations. An increasing number of foundations nationwide are beginning to acknowledge the tremendous burdens placed on society by alcohol and substance abuse and addiction. As a result, they are channeling their funds and energies toward making a positive impact on preventing and treating the problem. You can contribute to this effort by encouraging your foundation, or any other nonprofit grant-making body with which you are associated, to get involved in supporting or creating programs that combat drug and alcohol abuse and support treatment and recovery.

Making a Difference: How Can I Focus My Efforts during *Recovery Month?*

In September of each year, *Recovery Month* is celebrated nationwide. It is a time for all of us to take inventory of what we are doing to make a positive impact on the challenges we all face as a result of drug and alcohol abuse and addiction. This year's theme is *"Join the Voices of Recovery: A Call to Action."* Thousands of organizations will be joining forces this September under this banner to affect public perception and policy on the issues surrounding addiction, treatment, and recovery. As an employer, you can make a contribution to the national effort. Here are some actions you can take to make a difference:

1. **Educate others.** Promote your company's dedication to working with employees and families who are dealing with addiction. Make certain your employees and the community-at-large know that your workplace does not encourage or tolerate alcohol abuse or drug use—but that it does support people getting the help they need to overcome addiction. Formulate a plan to educate and inform others about your success in creating a drug-free workplace that facilitates access to treatment. Communicate your concerns to other businesses, individuals, and organizations in your community who can help you create an atmosphere of change and acceptance, such as your local legislators or civic leaders, criminal justice personnel, educators, or health insurers. Make an effort to ensure your own staff is educated about addiction, treatment, and the recovery process through in-service or continuing education programs. In particular, make sure your management staff is well versed in how to recognize employees with drug or alcohol problems or those who are dealing with them at home. Managers need to know how to proceed and have the necessary resources available once they believe someone needs help.

2. **Support and accept visibility among your employees.** The stigma associated with drug and alcohol addiction is still so great in our society that millions of recovering people continue to hide their success stories for fear of repercussions at work, among their friends, and even within their own extended families. Provided that your personnel policies and practices protect the privacy and employment security of those in recovery, you can publicly support your recovering employees who wish to share their stories with others. Provide safe and rewarding opportunities for them to do so by creating mentoring networks through which recovering sponsors can help employees maintain treatment goals while on the job. This approach will help your recovering employees feel good about themselves and their jobs, while encouraging other employees who may have problems to seek help. Respect the privacy and confidentiality of people in recovery. As an employer you do not necessarily need to know an individual's recovery status to create a supportive work environment—and in fact it is unlawful for you to even ask.

3. **Formulate a plan to hire recovering people.** Although questions about past addiction to alcohol or drugs are not allowable as a part of the hiring process, many businesses across the country have affiliated themselves quite successfully with substance abuse treatment programs in order to hire individuals who are in recovery. Many recovering people look upon

their jobs as an opportunity to give something back to society and are high-performing employees who demonstrate tremendous loyalty and commitment to their employers. Jerry Chamales, President and CEO of the $35 million Omni Computer Corporation, hires about one-third of his 200 employees from recovery centers and halfway houses. According to Chamales, "[People in recovery] are people who really want to succeed. They're highly motivated." As a result, his first-year retention rate is well above the industry average.[9]

4. **Talk to the media.** Become actively involved in supporting individuals with drug and alcohol problems and their families. Use ***Recovery Month*** as a "news hook" to write an op-ed or letter to the editor sharing your views on the magnitude of the drug and alcohol problem and what you believe can and should be done about it. Use statistics, like those provided in this fact sheet, and anecdotes from your workplace, to support your position.

5. **Promote *Recovery Month* via internal vehicles.** Use your company's newsletter, e-mail system, bulletin boards, or paycheck stuffers to promote the fact that September is ***Recovery Month***. Using this year's theme as a platform, encourage your employees to come forward for help for themselves or family members. Reaffirm your company's commitment to these individuals and provide guidance to them on where they can go for assistance.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMSHA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Workplace Helpline
800-967-5752 (Toll-Free)
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472 (Toll-Free)
301-230-7199 (TDD)
www.omhrc.gov

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy
Drug-Free Workplace Programs Information
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF LABOR (DOL)
200 Constitution Avenue, NW
Washington, DC 20210
866-4-USA-DOL (Toll-Free)
www.dol.gov

DOL, Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201
703-522-6272
www.eapassn.org

Employee Assistance Society of North America
230 East Ohio Street, Suite 500
Chicago, IL 60611-4607
312-644-0828
www.easna.org

Institute for a Drug-Free Workplace
1225 I Street, NW, Suite 1000
Washington, DC 20005
202-842-7400
www.drugfreeworkplace.org

National Drug-Free Workplace Alliance
c/o P.O. Box 13223
Tucson, AZ 85732
800-592-3339 (Toll-Free)

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

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Community-Based Organizations and Faith and Spiritual Communities

In the year 2000, an estimated 14 million people in the U.S. were current users of illicit drugs, meaning they used an illicit drug during the month prior to being interviewed. The number of heavy drinkers—individuals who consumed five or more drinks on the same occasion on at least five different days in the past 30 days—was estimated at 12.6 million.[1] An estimated one in four children lives in a family where a parent drinks too much.[2] Given these numbers, there is no denying that drug and alcohol abuse affects every facet of American life. Consider these additional facts:[3]

- There are more deaths, illnesses, and disabilities each year from drug and alcohol problems than from any other preventable health condition.
- Drug and alcohol use and addiction can result in family violence and mistreatment of children. Drug and alcohol addiction issues are factors in the placement of more than three-quarters of children entering foster care.
- Public safety is greatly affected by drug and alcohol problems in terms of increased crime, motor vehicle accidents, and violence.
- Children who are raised in homes where drug and alcohol problems are present are at much higher risk for developing their own problems in the future. Young adults are most likely to use alcohol, tobacco, and illicit drugs.

The good news is that community-based organizations and faith and other spiritual communities, especially those most interested in addressing the needs of families, can have a very positive impact on the problem. Here's why:

- For six out of 10 Americans, religious faith is the most important influence in their lives, and for eight out of 10, religious beliefs provide comfort and support.[4]
- Spirituality is an important part of recovery for many individuals with drug or alcohol problems.[5]
- Teens who never attend religious services are at above average risk for drug and alcohol problems, while weekly and more frequent attendees have a lower than average risk. Furthermore, the proportion of a teen's friends who attend religious services appears more relevant to the teen's risk score than even the teen's own degree of religious attendance.[6]
- There is evidence that social support from friends and outside influences can moderate the effects of a family history of drug and alcohol problems.[7]
- Children who coped effectively with the trauma of growing up in families affected by alcoholism often relied on the support of a non-alcoholic parent, stepparent, grandparent, teachers, or others when they were growing up.[8]
- Factors that have been cited in fostering student ability to resist drugs include positive peer affiliations, bonding/involvement in school activities, relationships with caring adults, opportunities for school success and responsible behavior, and the availability of drug-free activities.[9]

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Changing the Conversation

Spearheaded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*** is a nationwide effort to enhance the availability and effectiveness of treatment programs and services for drug and alcohol addiction. Dozens of experts in the treatment field, as well as community stakeholders, have been consulted to provide positive guidelines that must be addressed if ***Changing the Conversation*** is to reach its ultimate goal. Three of those five guidelines for positive action require participation on the part of community-based organizations and faith-based and other spiritual communities in order to affect change. They are:[10]

1. **Change Attitudes**—The stigma surrounding drug and alcohol addiction has created a tremendous barrier for millions of individuals who need treatment for their drug and alcohol problems, but who do not get it. Stigma is identified as "the most firmly entrenched obstacle for faith communities or spiritualities to overcome."[11] Faith-based groups are not alone. Negative attitudes and stigma affect not only the individual with the problem or who is in recovery, they also greatly influence families, health and wellness practitioners and providers, employers, policymakers, and many others whose decisions affect all aspects of the issue.

2. **Build Partnerships**—Combating drug and alcohol problems and enhancing the availability and effectiveness of treatment programs and services can be achieved through the combined efforts of the public and private sectors, as well as community-based organizations. Faith-based and other spiritual communities can also contribute resources, support, and expertise to foster and sustain partnerships at the local and regional levels.

3. **"No Wrong Door" to Treatment**—Community-based organizations and faith-based and other spiritual communities are often the first place families and individuals turn for assistance. **"No Wrong Door" to Treatment** calls for both public and private organizations to identify and refer individuals to appropriate treatment services.

In keeping with these three guidelines for positive action, here are some steps your organization can take to have a positive impact on alcohol and substance abuse and addiction problems in your community, and to enhance the likelihood that those you serve will receive the assistance they need to recover from their addictions.

Making a Difference: What Can I Do?

1. **Know the facts about addiction, treatment, and the recovery process.** Recent advances in medical science have proven that addiction is a chronic illness that can be successfully treated. In fact, treatment for addiction is as successful as treatments for other chronic health conditions, such as diabetes, hypertension, and asthma.[12] Recovery from drug addiction can be a long-term process and may require multiple episodes of treatment. It is critical to understand that occasional reoccurrence of use is not necessarily a sign of failure, but can be an inherent part of the journey to long-term abstinence.[13]

2. **Be mindful of special populations.** Drug and alcohol use among various racial/ethnic groups is quite comparable to that of the mainstream population, yet these groups may be less inclined to receive or seek out treatment. Reasons include: the tendency to underutilize health care services in general, addiction treatment being no exception; lower economic status and the often associated lack of health insurance coverage; lack of geographic access; lack of culturally competent treatment services; and firmly entrenched cultural beliefs and attitudes about addiction and recovery, which often stigmatize alcohol and drug abuse and those in recovery.[14]

   Youth, older adults, people with disabilities or co-occurring mental illnesses, and individuals of various sexual orientations may face special hurdles in acknowledging their drug and alcohol problems and dealing with them effectively. Faith-based and other spirituality-based organizations often serve as a safe haven for these individuals. If representatives and members of these groups are sensitized to the needs of special populations who may have drug and alcohol problems, the likelihood that these individuals will find support and encouragement in addressing their addictions is greatly increased. Religious organizations should also be mindful of the importance of referring people to mental health/substance abuse professionals when needed.

3. **Build effective community partnerships.** To address drug and alcohol problems at the local level, community stakeholders must join forces. Hundreds of anti-drug coalitions and community-sponsored programs are aiding thousands of men, women, children, and families nationwide in preventing and reducing addiction. Their efforts include, but are by no means limited to: supporting and educating children and youth in high-stress families; providing referrals and support programs to those in recovery and their loved ones; ridding neighborhoods of drug markets; and establishing social service agencies to organize conferences and campaigns.

A recent report outlined the six critical components of effective community anti-drug coalitions. They are: clearly stated goals; broad-based membership; strong leadership; diversified funding sources; training; and impact evaluation.[15] Given this description, community-based organizations and faith-based and other spiritually defined organizations are equipped and have a responsibility to play an integral part in the development and sustenance of any community-based coalition effort, as facilitators, participants, sponsors, or all of the above.

4. **Never underestimate the power of the family.** Community-based organizations and faith-based as well as spirituality-based organizations serve not only individuals, but also entire families. As such, they are in a unique position to identify families in crisis, and to encourage families to work together to solve problems. Additionally, they can readily serve as a means of support to all the members of a family. It is critical for these organizations to recognize the tremendously positive impact that family can have on the willingness of the individual with a drug or alcohol problem to get help and to maintain abstinence. Support family-focused treatment of addiction in your community.

5. **Become a recognized and trusted resource.** Find out what local support groups, treatment centers, family-oriented community action groups, and self-help recovery programs are available to assist your members and members of your local community who are dealing with drug or alcohol problems. Circulate literature directing people to sources of assistance. Provide a contact name of someone in your organization who can serve as a resource for confidential guidance and referral information.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

Recovery Month is celebrated each year during the month of September. It is a time to focus on creating solutions to the problems we all face as a result of drug and alcohol addiction. Each year, a theme is chosen that serves as a rallying cry for the thousands of individuals and organizations involved in the national effort. This year's theme is ***"Join the Voices of Recovery: A Call to Action."*** As a community-based organization, faith-based or other spirituality-based organization you are encouraged to participate in this year's observance. No matter how large or small your effort, you can take pride in knowing you made a contribution. Here are some thoughts to get you started planning for this year's month-long celebration and for the months that follow:

1. **Educate your staff.** If your staff members and volunteers are already well-versed in how to identify families and children who are dealing with addiction problems, then you are to be congratulated. September 2002 is a time to schedule a refresher in-service training session to make sure everyone is up to speed. If training in this area has not been a priority to date, *Recovery Month* is a great time to get started. A local treatment provider or counseling expert would be only too happy to join you for a brown-bag lunch or half-day workshop to guide your staff members and volunteers on how to be effective when assisting individuals who live with addiction in their daily lives.

2. **Use your newsletter or weekly bulletin to reach out.** Make mention in your organization's newsletter or weekly bulletin that September is ***Recovery Month***. Write an article to provide encouragement and hope to individuals with drug and alcohol problems and their families. Assure them that your organization is there to assist them and provide guidance on where they can turn for help.

3. **Set aside talk time.** Allocate time during ***Recovery Month*** and periodically throughout the year to provide confidential religious, spiritual, or other counseling to individuals and families struggling with addiction in their lives. Promote specific dates and times when you and/or an expert in the field of addiction treatment and recovery will be available. It may be necessary to ask a counselor from a local treatment facility to join you in this effort to ensure any questions that come up can be adequately addressed.

4. **Schedule a service or Community Forum.** Schedule a religious or spiritual service or sponsor a Community Forum in September to discuss the toll drug and alcohol addiction is taking on your community and what can be done about it. If your community is already sponsoring one of many Community Forums nationwide, participate in any way that you can. Make sure to talk about the fact that treatment for drug and alcohol problems can be effective, and that recovery is possible. Then, tell people where they can go for help and that they can count on your organization as a source of support.

5. **Open your doors to recovery.** Many community-based organizations, faith-based organizations, and spirituality groups have facilities and/or headquarters of operation that can be offered free-of-charge to self-help recovery groups to house their meetings, fundraisers, and other activities. If you have not opened your doors to these groups in the past, why not use the month of September to do so?

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

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Additional Resources

Federal Agencies

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301-443-8956
www.samhsa.gov

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Center for Substance Abuse Treatment
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Rockville, MD 20857
301-443-5052

CSAT National Helpline
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800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF EDUCATION (ED)
400 Maryland Avenue, SW
Washington, DC 20202-6123
800-872-5327 (Toll-Free)
www.ed.gov

ED, Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
202-260-3954
www.ed.gov/offices/OESE/SDFS

Other Resources

4-H
1400 Independence Avenue, SW
STOP 2225
Washington, DC 20250-2225
202-720-2908
www.4-h.org

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Aliviane NO-AD, Inc.
7722 North Loop Road
El Paso, TX 79915
915-782-4000

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
800-374-2724 (Toll-Free)
202-336-6123 (TTY)
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
202-371-9090
www.astho.org

Big Brothers/Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
www.bbbsa.org

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
404-815-5700
www.bgca.org

Catholic Charities, USA
1731 King Street, Suite 200
Alexandria, VA 22314
703-549-1390
www.catholiccharitiesusa.org

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Church of Jesus Christ of Latter Day Saints
529 14th Street, NW, Suite 900
Washington, DC 20045
202-662-7480
www.lds.org

Community Anti-Drug Coalitions of America
901 North Pitt Street, Suite 300
Alexandria, VA 22314
800-54-CADCA/800-543-2332 (Toll-Free)
www.cadca.org

Congress of National Black Churches
National Anti-Drug Campaign
2000 L Street, NW, Suite 225
Washington, DC 20036
202-296-5657
www.cnbc.org

Connecticut Community for Addiction Recovery
465 Silas Deane Highway
Wethersfield, CT 06109
860-571-2985
www.ccar-recovery.org

General Board of Global Ministries of the United Methodist Church
Program on Substance Abuse
110 Maryland Avenue, NE, Suite 404
Washington, DC 20002
202-548-2712
www.gbgm-umc.org

Girl Scouts of the U.S.A.
Just for Girls, 15th Floor
420 5th Avenue
New York, NY 10018-2798
800-GSUSA4U/800-478-7248 (Toll-Free)
www.girlscouts.org

Jewish Alcoholics, Chemically Dependent Persons and Significant Others
850 7th Avenue
New York, NY 10019
212-397-4197
www.jacsweb.org

Johnson Institute
2314 University Avenue, Suite 24
St. Paul, MN 55114
651-659-9100
www.jifoundation.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

Miami Coalition for a Safe and Drug-Free Community
University of Miami, North South Center
1500 Monza Avenue
Coral Gables, FL 33146-3027
305-284-6848
www.miamicoalition.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS/888-554-2627 (Toll-Free)
www.nacoa.org

National Association of Community Health Centers
1330 New Hampshire Avenue, NW, Suite 122
Washington, DC 20036
202-659-8008
www.nachc.com

National Association of Rural Health Clinics
426 C Street, NE
Washington, DC 20002
202-543-0348
www.narhc.org

National Association of State Alcohol and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Council for Community Behavioral Healthcare
12300 Twinbrook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
www.nccbh.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Families in Action
2957 Clairmont Road, Suite 150
Century Plaza II
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

RecoveryWorks
1954 University Avenue West, Suite 12
Saint Paul, MN 55104
651-645-1618
www.addictions.org/recoveryworks

Step One
665 West 4th Street
Winston Salem, NC 27101
336-714-2116
www.stepone.org

The Alliance Project
1954 University Avenue West, Suite 12
Saint Paul, MN 55104
651-645-1618
www.defeataddiction.org
www.recoveryadvocacy.org

Therapeutic Communities of America
1601 Connecticut Avenue, NW, Suite 803
Washington, DC 20009
202-296-3503
www.tcanet.org

White Bison
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org

Young Men's Christian Association of the U.S.A.
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association of the USA
350 5th Avenue
Empire State Building, Suite 301
New York, NY 10118
212-273-7800
www.ywca.org

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Health and Wellness Professionals and Practitioners

The cost of addiction to the Nation's health care system tops $114 billion annually.[1] Alcohol and substance abuse and addiction problems are the number one cause of preventable illness and death in the U.S. Whether the eventual manifestation is in the form of infectious disease, cancer, cirrhosis, an accident, or an overdose due to misuse, drug and alcohol addiction is at the root of one in four deaths each year in this country.[2]

Primary care physicians and other health and wellness professionals and practitioners, including nurses, clinicians, wellness movement practitioners, pediatricians, mental health professionals, and social services providers, are the gatekeepers of our healthcare system. For instance, about 70 percent of the population (191 million Americans) see one of the more than 255,000 primary care physicians in the U.S. at least once every two years; 200 million visits are made to general and family practitioners in any given year.[3] The majority of these professionals and practitioners are missing a unique opportunity to identify, intervene on behalf of, refer, and support their patients and clients who may have drug or alcohol problems. Consider these recent findings:[4]

- More than nine in 10 physicians fail to spot a drug or alcohol problem in adults, and more than four in 10 miss a problem in teenagers.
- 94 percent of primary care physicians (excluding pediatricians) fail to include alcohol dependence among the five diagnoses they offer when presented with early symptoms of alcohol addiction in an adult patient.
- 41 percent of pediatricians fail to diagnose a drug problem when presented with a classic description of an adolescent patient with an addiction to drugs.
- Most patients with an alcohol or substance abuse or addiction problem (53.7 percent) say their primary care physician did nothing about their drug or alcohol problem—43 percent say their physician never diagnosed it, and 10.7 percent believe their physician knew about their addiction and did nothing about it.
- Less than one-third of primary care physicians (32.1 percent) carefully screen for the use of or dependence on alcohol or drugs.

Changing the Conversation

To provide an opportunity for the field to reach a working consensus on how best to improve substance abuse treatment and recommend actions that over time could lead to needed change, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) launched ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.*** Its primary goal is to ensure that quality drug and alcohol addiction treatment and recovery services and programs are available to all individuals who need them and their family members.

Recommendations about how to affect change have been identified. Health and wellness professionals and practitioners are viewed as invaluable partners when it comes to making progress in the following guidelines for positive action identified by *Changing the Conversation*:[5]

1. **"No Wrong Door" to Treatment**—Health and wellness professionals and practitioners must ensure that anyone needing substance abuse treatment is identified and provided with treatment, either directly or through appropriate referral.
2. **Commit to Quality**—Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.
3. **Build Partnerships**—Individuals and organizations throughout the health field must work together and with outside parties who have a stake in improving substance abuse treatment services.

As a health or wellness professional or practitioner, you are encouraged to think about how you can take action. Any positive steps you take will have a positive effect on the lives of your patients/clients and their families. Here are some ideas to get you started.

Making a Difference: What Can I Do?

1. **Know the facts.** Physicians and other practitioners are missing or misdiagnosing patients' drug and alcohol problems for several reasons: lack of adequate training in school, residency, or continuing medical education courses; skepticism about treatment effectiveness; discomfort discussing drug and alcohol use and dependence; time constraints; and patient resistance.[6] Ask yourself if any one of these stumbling blocks is impeding you from identifying and helping any of your patients who may be dealing with addiction. In addition, learn all that you can about the nature of addiction and make an effort to understand the recovery process.

   There are a number of resources available to assist health and wellness professionals and practitioners in their efforts to learn more. SAMHSA's Center for Substance Abuse Treatment's Treatment Improvement Protocol (TIP) Series #24 contains *A Guide to Substance Abuse Services for Primary Care Clinicians* (DHHS Publication No. (SMA) 97-3139). You can get a copy free of charge by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or 301-468-2600 or 1-800-487-4889 (TDD). Additional resources, such as the National Institute on Drug Abuse's Clinical Toolbox (Publication No. #CLNBOX), are also available through NCADI. Just ask to speak with one of their trained information specialists to find out more.

2. **Seek out additional training.** Contrary to how they feel about diagnosing other chronic and manageable diseases like hypertension, diabetes, and depression, only a small percentage of physicians consider themselves "very prepared" to diagnose alcoholism (19.9%), illegal drug use (16.9%), and prescription drug misuse (30.2%).[7] And, where most

physicians feel treatment is "very effective" for other chronic conditions, only a few feel treatment is "very effective" for smoking (8.2%), alcoholism (3.6%), and illegal drug dependence (2.1%).

Make efforts to enhance your knowledge and understanding about these issues. Seek out in-service or continuing education opportunities that will enhance your knowledge about the latest scientific breakthroughs. Learn the basics about what to look for in your patients and clients with drug and alcohol problems and how to diagnose, refer, and support them on the path to recovery.

3. **Fight your discomfort.** Forty-one (40.7%) percent of physicians find it difficult to discuss alcohol problems with patients and 46.6 percent find it difficult to discuss prescription drug misuse, compared to 17.9 percent who find it difficult to discuss depression.[8] Recognize that your discomfort can be a barrier to helping your patients receive adequate care for their addiction.

4. **Be extra sensitive to the needs of special populations and those at greatest risk.** Ethnic and cultural minorities, individuals with co-occurring mental health disorders or physical disabilities, women, adolescents, to name just a few, may have special needs when it comes to adequately addressing their alcohol or drug problems. Cultural influences, which can include everything from language differences to misperceptions about addiction and the recovery process, can create tremendous barriers to individuals from these populations getting help. In addition, studies show that a silent epidemic of alcohol and prescription drug dependence is developing among the nation's elderly. Women over the age of 60 seem to be at particular risk.[9] New studies show that adolescent alcohol dependence may damage brain function[10] and that teen drinkers show signs of liver damage.[11] Health and wellness professionals and practitioners need to be alert to these issues and make an effort to be sensitive in identifying and dealing with these groups.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

September 2002 marks the 13th annual celebration of ***Recovery Month***. This year's theme is ***"Join the Voices of Recovery: A Call to Action."*** As a health and wellness professional or practitioner, we encourage you to think about what action steps you can take in anticipation of or during this year's month-long effort to further your own related goals and those of ***Changing the Conversation***. Here are some thoughts for your consideration:

1. **Provide in-service education.** Work with your local medical society or professional groups to host an in-service education breakfast or meeting during the month of September. Invite outside experts to inform your staff about identifying, assessing, referring, and supporting patients or clients with drug or alcohol problems.

2. **Make screening and brief intervention standard.** Relatively few health and wellness professionals and practitioners make screening and intervention for drug and alcohol problems an integral part of their practice when both can be undertaken in a relatively brief period of time, and have been shown to be effective. Guidance on how to screen and conduct a brief intervention is available from many sources, such as the HHS/SAMHSA Center for Substance Abuse Treatment's Treatment Improvement Protocol (TIP) Series #24, which contains *A Guide to Substance Abuse Services for Primary Care Clinicians* (DHHS Publication No. (SMA) 97-3139). Your professional association may also have materials available for you on this topic.

3. **Make time.** One-third (35.1%) of physicians say time constraints keep them from discussing drug and alcohol problems with their patients, and 35 percent (35.3%) of patients with alcohol and substance abuse problems thought their physician was too busy to detect their addiction.[12] Health care professionals often are overwhelmed by the ever-increasing demands on their time, and managed care has imposed even greater time constraints. However, a conversation with a person who you suspect may have an addiction problem may be enough to identify the problem and start the patient on the road to recovery.

4. **Speak out.** As someone who deals with health and wellness issues every day, you have clout—with your patients and clients, their loved ones, and the community at large. What you have to say about the issues of drug and alcohol dependence and recovery does matter. Speak out during ***Recovery Month*** and throughout the year. Participate in a Community Forum if you are asked, or volunteer to do so. Facilitate partnerships with key community stakeholders to enhance the continuum and availability of drug and alcohol addiction treatment and recovery programs and services in your area. And, take every opportunity to reinforce the fact that addiction is a chronic medical condition for which treatment can be effective.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Health Resources and Services Administration
Bureau of Primary Health Care
4350 East West Highway
Bethesda, MD 20814
888-ASK-HRSA (Toll-Free)
www.bphc.hrsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

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HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

HHS, NIH
National Institute of Mental Health
Neuroscience Center
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
www.nimh.nih.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472 (Toll-Free)
301-230-7199 (TDD)
www.omhrc.gov

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Alcoholism and Substance Abuse Providers of New York State
1 Columbia Place
Albany, NY 12207
518-426-3122
www.asapnys.org

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
www.aacap.org

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Mental Health Counselors Association
801 North Fairfax Street, Suite 304
Alexandria, VA 22314
800-326-2642 (Toll-Free)
www.amhca.org

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
888-357-7924 (Toll-Free)
www.psych.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
800-374-2721 (Toll-Free)
www.apa.org

American Society of Addiction Medicine
4601 North Park Avenue, Upper Arcade Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Association for Medical Education and Research in Substance Abuse
125 Whipple Street, 3rd Floor, Suite 300
Providence, RI 02908
401-349-0000
www.amersa.org

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

International Nurses Society on Addictions
1500 Sunday Drive, Suite 102
Raleigh, NC 27607
919-783-5871
www.intnsa.org

Massachusetts Organization for Addiction Recovery
(Affiliate of NEAAR-CSAT RCSP Grantee)
c/o Boston ASAP
30 Winter Street, 3rd Floor
Boston, MA 02108
617-423-6627

National Adolescent Health Information Center
Division of Adolescent Medicine, Department of Pediatrics and Institute for Health Policy Studies
School of Medicine, University of California, San Francisco
3333 California Street, Suite 245
San Francisco, CA 94118
415-502-4856
youth.ucsf.edu/nahic

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association of Addiction Treatment Providers
501 Randolph Drive
Lititz, PA 17543
717-581-1901
www.naatp.org

National Association of Alcoholism and Drug Abuse Counselors
901 N. Washington Street, Suite 600
Alexandria, VA 22314
800-548-0497 (Toll-Free)
www.naadac.org

National Association of Social Workers
750 1st Street, NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Indian Health Board
1385 South Colorado Boulevard, Suite A707
Denver, CO 80222
303-759-3075
www.nihb.org

National Medical Association
1012 10th Street, NW
Washington, DC 20001
202-347-1895
www.natmed.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
703-684-7722
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National TASC (Treatment Alternatives for Safer Communities)
300 I Street, NE, Suite 207
Washington, DC 20002
202-544-8343
www.nationaltasc.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Sources

1 *Substance Abuse: The Nation's Number One Health Problem. Key Indicators for Policy*. Princeton, NJ: Robert Wood Johnson Foundation, February 2001.

2 Trachtenberg, A.I., M.D., M.P.H. and Fleming, M.F., M.D., M.P.H. Diagnosis and treatment of drug abuse in family practice. *American Family Physician* monograph. Published by the American Academy of Family Physicians. Last updated January 22, 2001 on the web at www.nida.nih.gov.

3 *Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse*. New York, NY: National Center on Addiction and Substance Abuse, Columbia University, April 2000.

4 ibid.

5 *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*. DHHS Publication No. (SMA) 00-3480. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, November 2000.

6 *Missed Opportunity*.

7 ibid.

8 ibid.

9 *Prescription Drugs: Abuse and Addiction, National Institute on Drug Abuse Research Report Series*. NIH Publication No. 01-4881. Rockville, MD: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, printed April 2001.

10 Brown, S. A., Ph.D. et al. Adolescent alcohol dependence may damage brain function. *Alcoholism: Clinical and Experimental Research* 24 (2), February 2000.

11 Clark, D.B., Ph.D. et al. Teen drinkers show signs of liver damage. *Alcoholism: Clinical and Experimental Research*, September 17, 2001. Cite on Join Together Online web site, www.jointogether.org.

12 *Missed Opportunity*.

Health Insurers

Three decades of scientific research and clinical practice have produced a variety of effective approaches to drug addiction treatment, and a whole body of knowledge regarding the nature of addiction and the recovery process. As a result, treatment of addiction is as successful as treatment of other chronic diseases such as diabetes, hypertension, and asthma.[1] We also know that drug treatment reduces drug use by 40 to 60 percent, thus greatly reducing the risk of contracting infectious diseases such as HIV. Additional findings indicate that medical visits drop dramatically following treatment, TB problems are cut in half, mental health problems decline by 35 percent, and inpatient mental health visits decrease by 28 percent.[2]

The lack of support for treatment on the part of the private insurance industry is having a very real impact on whether or not individuals with drug or alcohol problems are identified and get the help they need. Studies have shown that a lack of insurance actually discourages physicians from discussing addiction with patients and referring them for treatment. In addition, nearly one in five individuals (17.6 percent) who is referred by his or her physician for substance abuse treatment is denied treatment by insurance companies.[3] Moreover, a recent survey found that 38 states and the District of Columbia allow insurance companies to deny coverage for injuries caused by alcohol impairment. In response, health care workers may not screen trauma patients for alcohol problems because they know that the patient may be denied coverage.[4]

Changing the Conversation

Improving and expanding treatment for people with alcohol and substance abuse and addiction problems is the primary goal of the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). Through a series of national meetings with dozens of experts, panelists, and stakeholders, SAMHSA's Center for Substance Abuse Treatment developed ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment***, identifying key guidelines for positive action which the health insurance community can use to play a critical role in affecting change for the better. They are:[5]

1. **"No Wrong Door" to Treatment**—Effective systems must ensure that anyone needing treatment is identified, assessed, and receives treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.
2. **Invest for Results**—The wise use of resources requires investment in treatment and services that in turn must produce desired results.
3. **Commit to Quality**—Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.

4. **Change Attitudes**—Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.

5. **Build Partnerships**—Effective efforts by individuals and organizations throughout the treatment field to work together and with outside parties who have a stake in affecting change will require encouragement and support.

As a health insurance provider, you can be a major change agent to ensure individuals who pay for your services receive the benefits they need to conquer their drug or alcohol problems. The fact is that denying coverage for these services in the short run has increased costs considerably over the long haul, resulting in billions of dollars of unnecessary health care spending. The economy and overall public safety are also greatly affected with a cost to society of approximately $294 billion annually.[6] The toll on individuals and families is virtually incalculable. Insurers can play a substantial role in *Changing the Conversation*.

Making a Difference: What Can I Do?

1. **Learn all you can.** Make an effort to learn about new science-based treatment protocols.

2. **Get the facts.** Numerous studies have shown that equal resources for mental health and addiction treatment programs and services is affordable and does not cause an explosive increase in overall health care costs. In fact, in the long run it is an extremely wise investment. Use this data to make informed decisions about insurance coverage and costs.

3. **Examine your own misconceptions and prejudices**. Many of us know someone with a drug or alcohol problem, and yet we still harbor outdated notions of what addiction really is. The last decade of scientific research clearly demonstrates that addiction to drugs or alcohol is not a moral weakness. For millions of people and a host of very complex reasons, use quickly escalates to dependence. The stigma associated with addiction continues to compromise the ability of individuals who need treatment from getting it. The only way to combat stigma is to educate and inform ourselves and others in an effort to change attitudes, one person at a time.

4. **Support quality**. Quality treatment for drug and alcohol problems must be comprehensive. In addition, "one size does not fit all" when it comes to effective treatment services and programs. Individualized service plans must be the standard approach to tackling drug and alcohol addiction. Use the same quality standards used for other health conditions when evaluating insurance coverage and claims.

5. **Build partnerships.** As an insurance provider, you are a key stakeholder in the national discussion about drug and alcohol addiction, how to treat it, and how to beat it. As such, you can play a key role in your industry, state, county, city, or community in tackling the issues surrounding this national health care crisis. Make an effort to reach out to and serve as a member of groups that strive to create solutions to drug- and alcohol-related problems. Your credibility on the issues and your voice is much needed.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

Recovery Month is celebrated in September of every year. This year's theme is *"Join the Voices of Recovery: A Call to Action."* September 2002 is a time for all of us to make a concerted effort to be heard on the issues surrounding drug and alcohol addiction, treatment, and recovery. As a health care insurer, you are encouraged to participate in this year's effort. Here are some ideas as to how you can get involved during *Recovery Month* and throughout the coming year:

1. **Educate your constituents.** A recent survey of primary care physicians indicated that the vast majority fail to accurately diagnose drug or alcohol problems among their patients.[10] The reasons why include: lack of adequate training, skepticism about treatment effectiveness, patient resistance, discomfort discussing addiction, time constraints, fear of losing patients, and lack of insurance coverage. You have the means to inform them about addiction, treatment effectiveness, and recovery. Work with your clients to include addiction treatment in their health insurance policies. Use September as a reason to reach out to them regarding these issues.

2. **Encourage your constituents to take action.** In keeping with a number of the findings cited above, you can support the health care professionals and practices associated with your organization in their efforts to make changes for the better. Encourage them to seek out training so that they are better equipped to identify patients with drug and alcohol problems and refer them for treatment. Provide incentives for them to do so, if possible. Promote the facts about treatment's effectiveness and the realities of the recovery process. Talk with your constituents openly about how to fight their discomfort in tackling these issues.

3. **Examine your own workplace benefits.** Take a careful look at your own workplace benefits to see if appropriate resources are allocated for your employees when it comes to mental health services and treatment for drug and alcohol addiction. Educate your employee assistance program staff about the need to provide adequate services, including services for family members. Real change in the way we do business starts "at home."

4. **Host or participate in a Community Forum.** A number of cities will be hosting Community Forums during *Recovery Month* to openly discuss drug and alcohol addiction and recovery-related topics, and to devise solutions to identified problems. Take time to participate in these Forums any way that you can.

5. **Speak out from a personal perspective, if you are comfortable.** If you or a loved one is recovering from a drug or alcohol problem, you can be a very powerful voice from within your own organization about the effectiveness of treatment. As a respected member of your organization, you can perhaps have an impact on some of the decisions that are being made with regard to benefits coverage for addiction-related programs and services. You may want to consult your employee assistance program or human resources representative first to identify the most suitable and receptive audience for your disclosure. If you have colleagues within the organization who also are in recovery, ask them if they would like to join you for maximum impact.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www. samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

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www.findtreatment.samhsa.gov

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Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

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Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
5600 Fishers Lane
Rockwall II, Suite 900
Rockville, MD 20857
301-443-0365
www.samhsa.gov

HHS, SAMSHA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF LABOR (DOL)
200 Constitution Avenue, NW
Washington, DC 20210
866-4-USA-DOL (Toll-Free)
www.dol.gov

DOL, Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

American Bar Association
Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
202-662-1784
www.abanet.org

American Managed Behavioral Healthcare Association
1101 Pennsylvania Avenue, NW, 6th Floor
Washington, DC 20004
202-756-7726
www.ambha.org

American Nurses Association
600 Maryland Avenue, SW, Suite 100 West
Washington, DC 20024
800-274-4ANA (Toll-Free)
www.nursingworld.org

American Psychological Association
Office of Substance Abuse
750 1st Street, NE
Washington, DC 20002-4242
800-374-2721 (Toll-Free)
202-336-6123 (TTY)
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

American Society of Addiction Medicine
4601 North Park Avenue, Upper Arcade Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Asian and Pacific Islander American Health Forum
942 Market Street, Suite 200
San Francisco, CA 94102
415-954-9988
www.apiahf.org

Families USA
1334 G Street, NW, 3rd Floor
Washington, DC 20005
202-628-3030
www.familiesusa.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

National Alliance for Hispanic Health
1501 16th Street, NW
Washington, DC 20036-1401
202-387-5000
www.hispanichealth.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association of Alcoholism and Drug Abuse Counselors
901 N. Washington Street, Suite 600
Alexandria, VA 22314
800-548-0497 (Toll-Free)
www.naadac.org

National Association of Black Social Workers
1220 11th Street, NW, Suite 2
Washington, DC 20001
202-589-1850

National Association of State Alcohol and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Committee for Quality Assurance
2000 L Street, NW, Suite 500
Washington, DC 20036
202-955-3500
www.ncqa.org

National Congress of American Indians
1301 Connecticut Avenue, NW, Suite 200
Washington, DC 20036
202-466-7767
www.ncai.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Health Law Program
Health Consumer Alliance
2369 LaCienga Boulevard
Los Angeles, 90034
310-204-6010
www.healthlaw.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
703-684-7722
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National TASC (Treatment Accountability for Safer Communities)
300 I Street, NE, Suite 207
Washington, DC 20002
202-544-8343
www.nationaltasc.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Pima Prevention Partnership
330 North Commerce Park Loop, Suite 160
Tucson, AZ 85745
502-791-2711
www.pimaprevention.org

The Alliance Project
1954 University Avenue West, Suite 12
Saint Paul, MN 55104
651-645-1618
www.defeataddiction.org
www.recoveryadvocacy.org

U.S. Chamber of Commerce
1615 H Street, NW
Washington, DC 20062
202-659-6000
www.uschamber.com

Sources

1 *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 00-4180. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000.

2 *The National Treatment Improvement Evaluation Study (NTIES): Highlights.* DHHS Publication No. (SMA) 97-3156. Rockville, MD: Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1997.

3 *Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse.* New York, NY: National Center on Addiction and Substance Abuse, Columbia University, April 2000.

4 Adapted by CESAR FAX from Rivara F.P., Tollefson S., Tesh E., Gentilello L.M. Screening trauma patients for alcohol problems: Are insurance companies barriers? *The Journal of Trauma: Injury, Infection, and Critical Care* 48 (1): 115-118, 2000.

5 *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.* DHHS Publication No. (SMA) 00-3480. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, November 2000.

6 Coffey, R.M., Ph.D., et al. *National Estimates of Expenditures for Substance Abuse Treatment,* 1997. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Medstat Group, February 2001.

Individuals in the Recovery Community, Their Families and Friends

> *We in recovery have been part of the problem... By hiding our recovery, we have sustained the most harmful myth about addiction disease: that it is hopeless. And without the examples of recovering people, it's easy for the public to continue thinking that victims of addiction disease are moral degenerates—and that those who recover are the morally enlightened exceptions. We are the lucky ones—the ones who got well. And it is our responsibility to change the terms of the debate, for the sake of those who still suffer.*[1]

Individuals with drug and alcohol problems who need treatment cannot always get it, because it is either unavailable, unaffordable, or inappropriate to meet their specific needs. This state of affairs can in large part be linked to society's negative perceptions of these individuals, as well as the tremendous amount of misunderstanding and misinformation regarding the efficacy of addiction treatment and the nature of the recovery process.

Changing the Conversation

To provide an opportunity for the field to reach a working consensus on how best to improve substance abuse treatment and recommend actions that over time could lead to needed change, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) launched ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.*** The goal of ***Changing the Conversation*** is to find positive solutions to the problems created by drug and alcohol addiction that will ultimately benefit the public's health, safety, and pocketbook.

Changing the Conversation identifies a number of guidelines for positive action whereby individuals and organizations who want to participate in the initiative can have an impact. Individuals in recovery from their addictions, their family members, and even their friends can play a critical role in advancing the ***Changing the Conversation*** guidelines of **Changing Attitudes** and **Building Partnerships** to affect change.

In his paper entitled *The Rhetoric of Recovery Advocacy: An Essay on the Power of Language,* William L. White describes the rise of a "New Recovery Movement" comprising a growing number of advocacy groups that have begun to discover each other and to think of themselves as a "we."[2] In his estimation, the emerging New Recovery Movement is as much a responsibility movement as it is a rights movement, one with the following key message:

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> *Through our addiction, we have wounded ourselves, our families, and our communities. In gratitude for the gift of recovery, we declare our responsibility to manage our own recovery, to make restitution for the injuries we have inflicted, to carry a message of hope to others, and to contribute to the larger health of the community.*[3]

As a member of the recovery community, a family member of a loved one who is in recovery, or even a friend of a recovering person, you either are living proof of or can testify to the fact that drug and alcohol treatment saves lives and that sustained recovery from drug and alcohol addiction is possible. You can serve as an agent of change in society. Here are some thoughts on how you can make a difference.

Making a Difference: What Can I Do?

1. **Tell your story.** You are encouraged wherever and however possible to speak out about your own recovery, your rights, and the rights of others. Just like other chronic medical conditions, the stigma of the condition is reduced when many individuals come out from the shadows. Once people diagnosed with HIV/AIDS stepped forward and offered their story, the public perception of the disease started to change. To achieve similar results about the public's misconception of addiction, your voice needs to be heard.

2. **Recognize the additional challenges faced by special populations.** The stigma of addiction is even greater for individuals who are often disenfranchised by society due to their racial/ethnic background; physical or psychiatric illnesses or disabilities; religion, gender or sexual orientation; family circumstances; age; education level; involvement with the criminal justice, welfare, or child custody systems; experience as victims of violence or abuse; or occupational or financial status. If you are an individual who is recovering from drug or alcohol addiction and you are a member of one of the special populations mentioned, know that your success story is perhaps the strongest weapon the recovery community has in the fight to combat stereotypes and public misconceptions.

3. **Watch your language.** Language and how we label things has a tremendous influence on how we think, act, and feel. For more than two centuries, people with addiction problems and recovering people in this country have been the object of language created by others. As a result, individuals with drug and alcohol problems have inherited a language that does not accurately portray their experience to others or serve as a catalyst for personal change.[4]

   Efforts are underway to begin the adoption of stigma-free language through the work of ***Changing the Conversation***. However, until such time that a new and universally accepted vernacular is established, each of us can make an effort to carefully monitor what we say and how we say it. For a more in-depth look at how you can begin to make changes in this regard, feel free to access and download William L. White's essay on the subject at www.defeataddiction.org.

4. **Build partnerships.** Changing public attitudes will require that all affected and interested parties present a united front to educate, inform, and persuade. Partnerships comprising representatives from innumerable sectors of society that are affected by drug and alcohol addiction will need to be included. As a member of the recovering community or a family member or friend of a recovering person, you can play a vital role by instigating or taking part in the partnership-building effort in your community or city. Local partnerships are the key to uniting people with drug or alcohol problems, people in recovery, their families, and friends, and supporting collaboration among state/local systems of care and services that are responsible for dealing with various aspects of the addiction problem.[5]

   Work within your local community or city to organize Forums where government agencies and private organizations can collaborate on the issues, while providing a public platform to discuss points of concern. You can work with community-based organizations, foundations, local businesses, or faith-based groups, to name just a few, to organize and contribute to this effort. Use any Forums sponsored by the partnership as an opportunity to share your story or to recruit others in the recovery community to share theirs.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

This year marks the 13th anniversary of ***Recovery Month***, which is celebrated every year in September. This year's theme is "***Join the Voices of Recovery: A Call to Action.***" It serves as a rallying cry not only to individuals who themselves have drug and alcohol problems, but to all of us who are affected by addiction. Beginning in September, you are encouraged to use ***Recovery Month*** as a platform to take action to affect positive change. Here are some action steps you may want to consider to make an impact:

1. **Take part in local events.** A number of communities, counties, cities, and states undertake various activities during ***Recovery Month*** in an effort to draw public and media attention to the issues. Volunteer to assist in organizing or running these events. Offer to be a spokesperson who can put a face on recovery and testify to its positive impact on not just the individual's life, but his or her family and community. Use your ties to the recovery community to enlist the help of others to make the event as diverse and representative of the recovering population in your area as possible.

   If you haven't heard about any particular activities or events going on in your area during ***Recovery Month*** 2002, call your local treatment program/services provider, county or state alcohol and other drug agency, or legislator to inquire about what they know about ***Recovery Month***. If no activities or events have been scheduled, inquire as to why not, and then offer to take part in the effort to develop some. Even if your community starts off small this year, that doesn't mean you can't get more ambitious in the future.

2. **Write an op-ed piece and submit it to your local newspaper.** Newspapers generally publish a page of opinion columns and letters from readers opposite the editorial page, hence the term "op-ed." This page presents members of the general public with a forum to express their own thoughts and opinions on timely issues. Because September is ***Recovery Month***, the timing could not be better for you to submit your thoughts on a critical treatment and/or recovery-related topic.

You are encouraged to reference the materials provided in the Media Outreach section of this year's ***Recovery Month*** kit on "Writing and Placing an Op-Ed" as a guide in structuring your piece. Whatever topic you choose to focus on should be relevant to your community and its citizens to ensure maximum impact. Topics you may want to consider include: the need to increase insurance coverage to include co-occurring disorders and recovery-related programs and services; the lack of adequate and affordable treatment programs/services to meet demand; why incarceration without treatment for individuals with addiction problems is socially and fiscally unwise; challenges faced by individuals with drug and alcohol problems in the workplace; and stigma reduction.

3. **Work through the media wherever possible.** One of the greatest forums available for influencing public opinion and decision makers is the media. ***Recovery Month*** provides the perfect opportunity to cultivate a one-on-one interview with the host of your local cable access news or community issues show. If an article on ***Recovery Month*** or any other treatment or recovery-related issue runs in your local newspaper, write a letter to the editor expressing your opinions on how the article was written. Was it biased in any way? Did it tell the whole story? If the author did a good job, tell them so and why. If you believe something to the contrary of what was reported, write about that too; support your opinions with facts. Local community radio programs are also a great way to share your story. The smaller weekend public affairs programs tend to be very social issues-oriented and are usually open to talking with new guests on interesting topics.

4. **Share your personal success story with a local legislator.** Your city's mayor and council members, the department heads of agencies in your county that are most interested in drug and alcohol problems, and your state representatives, to name only a few, need to hear what you have to say. Open-mike sessions to air your concerns and thoughts on how to improve things are one option, but they are not as effective as a one-on-one session. In preparation for ***Recovery Month***, build a small coalition of constituents from your chosen representative or other official's area of influence, and make an appointment to speak together with him or her about treatment and the recovery process sometime during September. Make sure to talk about the challenges individuals face in your area when it comes to getting the help they need. Before you decide to approach an official, do a little investigating to determine who might be most receptive. Does your city's mayor have a health background? Perhaps one of your council members once served on the board of a local treatment center? Any research you can do to find the one person who would most likely support your position will be time well-spent.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

Other Resources

African American Family Services
2616 Nicollet Avenue South
Minneapolis, MN 55408
612-871-7878
www.aafs.net

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Campaign for Tobacco-Free Kids
1400 I Street, NW, Suite 1200
Washington, DC 20005
800-284-KIDS (Toll-Free)
www.tobaccofreekids.org

Children of Alcoholics Foundation
164 West 74th Street
New York, NY 10023
212-595-5810, Ext. 7760
www.coaf.org

Families USA
1334 G Street, NW, 3rd Floor
Washington, DC 20005
202-628-3030
www.familiesusa.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Asian Pacific American Families Against Substance Abuse
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Families in Action
2957 Clairmont Road, Suite 150
Century Plaza II
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

National Latino Children's Institute
320 El Paso Street
San Antonio, TX 78207
210-228-9997
www.nlci.org

White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org

Young Men's Christian Association of the USA
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association of the U.S.A.
350 5th Avenue
Empire State Building, Suite 301
New York, NY 10118
212-273-7800
www.ywca.org

Sources

1 Hughes, H. (1994-1995) "Coming out of the closet to fight abuse." SOAR USA Bulletin, Fall/Winter. Posted at http://www.aaw.com/library/soar1.html.

2 White, W. L. "The Rhetoric of Recovery Advocacy: An Essay on the Power of Language." Posted at http://www.defeataddiction.org/html/message.html.

3 ibid.

4 White, W. L.

5 *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment.* DHHS Publication No. (SMA) 00-3480. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, November 2000.

Individuals Working in the Criminal Justice System

Over the last decade, the number of defendants charged with drug offenses in the Federal courts has more than doubled.[1] In 1998, drug offenders accounted for 59 percent of the Federal prison population (up from 25 percent in 1980), as well as 21 percent of the state prison population (up from just 6 percent in 1980).[2] Much of this upward trend can be attributed to an emphasis on mandatory prison terms and the arrest and prosecution of drug users and street-level dealers. Up to three-fourths of parolees who leave prison begin using drugs again within three months of release,[3] and the recidivism rates for these individuals are very high.

The stigma of "criminality" in society is compounded by the label of "addict." As a result, adult male and female ex-offenders face a myriad of obstacles in their journey toward productive citizenship.[4] Stigma can be attributed largely to a lack of understanding of the nature of addiction and the recovery process. Three decades of scientific research have yielded conclusive evidence that addiction is a complex, chronic health condition, and that treatment for addiction is as successful as treatment for other chronic diseases such as diabetes, hypertension, and asthma.[5] However, for treatment to be successful, the recovery process must also be fully understood as the ongoing and often long-term effort we now know it to be. Individuals in recovery often will require multiple episodes of treatment to achieve abstinence and become fully functional.

The good news is that a growing body of evidence has confirmed that treating offenders for their drug and alcohol problems, not just incarcerating them, saves money. In fact, it is estimated that if only 10 percent of released inmates were successful in recovery, the economic benefit in the first year alone after release would be $8.256 billion.[6] But treatment is not only economical, it is more effective in terms of reduced use, criminal activity, and recidivism.[7]

Consider these findings:[8]

- In the 12 months following treatment, the number of offenders using any drug or those using crack, cocaine, and heroin dropped by as much as 50 percent.
- Forty-seven percent of offenders who received three stages of treatment remained drug-free 18 months following release, compared to only 16 percent of those who received no treatment.
- Seventy-seven percent of offenders who received prison-based treatment services, work release treatment services, and community-based treatment services remained arrest-free 18 months following release, compared to 46 percent of those who received no treatment.
- Offenders who received community-based services had a recidivism rate half that of those who did not receive them.
- Drug treatment was successful in reducing the number of offenders committing illegal acts by as much as 60 percent.

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- The percentage of substance abuse treatment clients who reported inpatient mental health visits decreased by 28 percent 12 months after treatment.

In addition, offenders who are legally mandated to enter treatment can be just as successful as those who enter it voluntarily.[9] In fact, coerced offenders begin treatment sooner, and participate longer than voluntary participants.[10]

Changing the Conversation

The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) launched ***Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment***, which builds on recent advances in the treatment field. The report brings together the best ideas about improving treatment and identifies actions that could translate knowledge into practice.[11] Experts and stakeholders from around the country have participated in public hearings and panel discussions to identify five key guidelines for positive action to improve the effectiveness and availability of treatment nationwide. Individuals who work in the criminal justice system, including judges, public and private attorneys (as well as their member organizations), police, probation and parole officers, and other corrections officials or agency managers, can have a great impact in affecting change by following several key guidelines for positive action. They are:[12]

1. **"No Wrong Door" to Treatment**—Effective systems must ensure that an individual needing treatment will be identified and assessed and receive the treatment he or she needs, either directly or through the appropriate referral, no matter where that person enters the realm of services.
2. **Commit to Quality**—Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.
3. **Change Attitudes**—Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.
4. **Build Partnerships**—Efforts by individuals and organizations throughout the criminal justice and treatment fields to work with each other and with other people and groups who share a desire to improve treatment will require specific encouragement and support.

In keeping with the four guidelines for positive action outlined above, here are some steps individuals who work in the criminal justice system can take to reduce the impact of addiction.

Making a Difference: What Can I Do?

1. **Identify and work with community partners**. The integration of effective drug and alcohol treatment for offenders within the criminal justice system requires close collaboration by individuals from many diverse backgrounds with various degrees and areas of expertise. Criminal justice professionals need to work with representatives from the treatment field, as well as from the public health and social services arenas, to develop shared goals, exchange information, and create a continuum of services and programs that will produce positive, measurable results.

2. **Know the range of options and use limited resources wisely.** A range of interventions currently are being used within the criminal justice system, such as pretrial or prosecutorial diversion programs, drug courts, family and civil court interventions, National TASC (Treatment Accountability for Safer Communities) programs, day reporting centers, jail and prison treatment, and post-release case management. It is important to explore all of the options and to know what will work best in your jurisdiction. Criminal justice professionals must work closely with the appropriate funding agencies, treatment providers, and other institutional representatives to ensure limited treatment resources are used most efficiently.

3. **Support what works.** Access to and management of "wrap-around" services is essential to the long-term recovery of offenders who have drug or alcohol problems. Housing, employment, clothing, educational or vocational training, health care, and treatment are among the essentials most parolees lack.[13] Individuals who work within the criminal justice system need to support those services, programs, and approaches that work best. For instance, family-focused therapy is often much more successful than treatment that solely targets the individual with the drug or alcohol problem. Treatment programs and services that are gender- or culturally-responsive are much more successful than those that do not take these factors into account. Special populations, such as those which include people with co-occurring mental health issues or disabilities and individuals with varying sexual orientations, also have divergent issues that need to be addressed in their recovery.

4. **Pay special attention to the needs of juveniles**. Thousands of adolescents and their families are struggling with the consequences of their either budding or full-blown addictions. Young people with drug and alcohol problems face academic difficulties, declining physical and mental health, peer stigmatization and socialization problems, family dysfunction, social and economic consequences, and delinquency. Often they have experienced the addiction of parents and other family members. It is this last consequence that often brings juveniles face-to-face with the justice system. Professionals in the juvenile justice system have the opportunity to intervene with drug- and alcohol-involved youths and help them gain access to early intervention and treatment, long before the cycle of addiction and criminal activity intensifies.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

September 2002 is ***Recovery Month***. It is a time every year for all of us to join forces to focus on real solutions to the social consequences of drug and alcohol abuse and addiction. This year's theme is ***"Join the Voices of Recovery: A Call to Action."*** Individuals who work in the criminal justice arena are critical stakeholders in the national initiative to respond more effectively to the challenges of addiction. Here are some things you can do as a criminal justice professional during the month of September, and throughout the coming year, to make a contribution:

1. **Educate, train, and encourage your staff.** You can foster awareness about drug and alcohol addiction, treatment, and the recovery process among members of your staff through in-service education programs. By making certain that the people with whom you work are well-informed on the issues, you enable them to do their jobs with a greater degree of understanding and effectiveness. Schedule an in-service education opportunity for your staff during the month of September. Invite outside representation from the treatment community to speak on a topic that is of particular interest to your staff and the population you serve.

2. **Become a spokesperson.** During *Recovery Month* or at any time during the year, offer to serve as a community spokesperson about drug and alcohol abuse and addiction, stigma reduction, and how to improve the effectiveness and availability of treatment programs and services in your area. Speak out on the need for treatment and community-based recovery management for individuals in the criminal justice system.

3. **Write an op-ed.** *Recovery Month* is the "news hook" you need to gain the attention of your local newspaper to express your views. Write an editorial or letter to the editor highlighting the critical need to integrate criminal justice sanctions and treatment. Discuss both the social and economic benefits of doing so. Use statistics, such as those mentioned here, and anecdotal accounts based on your own personal and professional experience.

4. **Participate in public events.** A number of communities nationwide will be hosting Community Forums and other events during ***Recovery Month*** to raise awareness about addiction, treatment, and recovery. If you are asked to participate, do so in any way you can. If there is no community event being held in your area, work with other stakeholders to organize one. Or, collaborate on other activities that will educate and inform the public, such as conference workshops, media events, or other special events.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF JUSTICE (DOJ)
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
202-353-1555
www.usdoj.gov

DOJ, National Institute of Justice
810 7th Street, NW, 7th Floor
Washington, DC 20531
202-307-2942
www.ojp.usdoj.gov/nij

DOJ, Office of Juvenile Justice and
Delinquency Prevention
810 7th Street, NW
Washington, DC 20531
202-307-5911
www.ojjdp.ncjrs.org

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

American Bar Association
Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
202-662-1784
www.abanet.org

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Center on Juvenile and Criminal Justice
1622 Folsom Street
San Francisco, CA 94103
415-621-5661
www.cjcj.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Association of Drug Court Professionals
4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.nadcp.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council of Juvenile and Family Court Judges
University of Nevada
1041 N. Virginia Street, 3rd Floor
Reno, NV 89557
775-784-6012
www.ncjfcj.unr.edu

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420 (Toll-Free)
301-519-5500
www.ncjrs.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
703-684-7722
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National TASC (Treatment Accountability for Safer Communities)
300 I Street, NE, Suite 207
Washington, DC 20002
202-544-8343
www.nationaltasc.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Sources

1 Bureau of Justice Statistics, *Drugs and Crime Facts*. Tina L. Dorsey, Editor. Washington, DC: U.S. Department of Justice, Office of Justice Programs, August 2001.

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3 Lurigio, Arthur J. Drug treatment availability and effectiveness. *Criminal Justice and Behavior*, 27 (4), August 2000. Cited in: Great Lakes Addiction Technology Transfer Center, *Drug Treatment for Offenders: Why It Matters*. GLATTC Research Update. Chicago, IL: Jane Addams College of Social Work, Fall 2000.

4 *Community Re-Entry for Offenders*. Chicago, IL: Treatment Alternatives for Safe Communities (TASC), 2001.

5 *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 00-4180. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000.

6 *Behind Bars: Substance Abuse and America's Prison Population*. New York, NY: National Center on Addiction and Substance Abuse, Columbia University, January 1998.

7 Studies/sources include: *The National Treatment Improvement Evaluation Study (NTIES): Highlights*. DHHS Publication No. (SMA) 97-3156. Rockville, MD: Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1997; Center for Drug and Alcohol Studies, University of Delaware, 1997; Swartz, James, Ph.D., Project IMPACT Study, 1996; and National Institute on Drug Abuse, Drug Abuse Treatment Outcome Study (DATOS), 1997.

8 Cited from studies mentioned above in: *Substance Abuse and Crime in Illinois: What the Research Tells Us*. Chicago, IL: Treatment Alternatives for Safe Communities (TASC), February 1998.

9 Anglin, M.D., Brecht, M.L., and Maddahian, E. Pretreatment characteristics and treatment performance of legally coerced versus voluntary methadone maintenance admissions. *Criminology*, 27: 537-557, 1989.

10 Anglin et al.

11 *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*. DHHS Publication No. (SMA) 00-3480. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, November 2000.

12 Ibid.

13 *Community Re-Entry for Offenders*.

Labor Unions and Trade Associations

Addiction to alcohol and drugs is one of our Nation's foremost public health problems. In 2000, an estimated 14 million Americans were current illicit drug users, and 12.6 million were heavy drinkers of alcohol.[1, 2] The tremendous strain it places on our health care, social services, and criminal justice systems are undeniable. The economy and overall public safety are also greatly affected with a cost to society of approximately $294 billion annually.[3] The toll on individuals and families is virtually incalculable.

Most of those addicted to or dependent on drugs and alcohol are in the workplace. It is estimated that nearly four in five illicit drug users, more than 9.1 million men and women, were employed full- or part-time in 2000.[4] Many more millions could be considered problem drinkers. In fact, millions of people in the U.S.—most of whom are working—need treatment for drug or alcohol dependence in any given year, but few of them ever get the help they need. The reasons for this are many, but three are most prominent:

- The stigma associated with drug and alcohol addiction is firmly ingrained in the American psyche, so much so that all facets of the treatment delivery system are deeply affected. Because many people cling to the outdated belief that drug or alcohol dependence is a moral failing rather than the chronic health condition we now know it to be, millions of people who could benefit from treatment cannot or are reluctant to get help.
- Currently, the U.S. is allocating more of its resources to carrying out social and public policies that support mandatory prison sentences in lieu of or without concurrent treatment for offenders with alcohol and substance abuse and addiction problems. Voters in many states have now determined that there is a need to develop strategies for moving forward in ways that make greater sense both in terms of effectiveness and economics.
- It is only in the past few decades that scientists have been able to reshape our understanding of addiction such that effective behavioral and pharmacological interventions have been identified and proven. In fact, addiction treatments can now be as effective as treatments for other long-term illnesses, such as diabetes, hypertension, and asthma, so long as treatment is "well-delivered and tailored to the needs of the particular patient."[5] The Nation's health care and social service systems have not kept pace with this newfound knowledge. As a result, the availability, quality, and affordability of drug and alcohol treatment and recovery programs and services continue to be adversely impacted.

Labor unions and trade associations can encourage employers to support treatment for individuals and their families who are dealing with alcohol and substance abuse and addiction problems. Such support for substance abuse treatment programs is crucial if workers with substance abuse problems are going to be helped. Support can be shown in any of the following ways:

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- Negotiate to include the coverage of substance abuse treatment in employers' health insurance policies.
- Communicate the tangible return on the employer's investment in the form of increased productivity, increased quality of performance, reduced absenteeism, and improved workplace safety.
- Help determine the language in the company policy that states the company's position on substance abuse as well as corresponding sanctions resulting from policy violations.
- Discuss forming an employee assistance program (EAP) or some other company-supported treatment program so that employees are sent for help they need.
- Offer to communicate the program purpose, procedures, and policies to the union members.
- Over time, as different treatment methods are developed and improved upon, request that treatment programs offering them be added to the EAP referral database.
- Help alleviate concerns that providing benefits for alcohol and substance abuse and addiction problems and mental health services will result in an explosive increase in health care costs for employers. Study after study has shown that the additional costs of adding full parity benefits for these services would range from just 1 to 4 percent of premium, depending on the health plan in question.[6, 7, 8] That cost is truly relative when you consider the long-term benefits.

Changing the Conversation

Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment is being spearheaded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) in an effort to improve the quality and availability of treatment services and programs nationwide. Dozens of expert panelists, stakeholders, and members of the general public were consulted to provide guidelines for positive action and directions for addressing problems associated with substance abuse treatment. Labor unions and related associations can play a key role in affecting change by following all five guidelines for positive action. They are:[9]

1. **"No Wrong Door" to Treatment**—Effective systems must ensure that anyone needing treatment is identified and assessed and receives treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.
2. **Invest for Results**—The wise use of resources requires investment in treatment and services that in turn must produce desired results.
3. **Commit to Quality**—Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.

4. **Change Attitudes**—Significant reduction in stigma and other attitude changes will require a concerted effort based on systematic research.

5. **Build Partnerships**—Join efforts of individuals and organizations throughout the treatment field to work together and with outside parties who have a stake in affecting change.

In making strides to address these five guidelines for positive action, labor unions and trade associations must view themselves as conduits to reach not only thousands of their members but also employers as well with information and support strategies to combat drug and alcohol addiction. There are an infinite number of creative ways that these organizations can serve as change agents on both fronts. Here are some ideas to get you started.

Making a Difference: What Can I Do?

1. **Educate yourself and others.** If the stigma associated with alcohol and substance abuse and addiction, treatment, and recovery is ever to go away, all of us must be educated on the facts. Learn all you can about the true physiological nature of addiction and what makes for effective treatment. In addition, understand that the recovery process can be a long one, and that a temporary recurrence of use does not constitute failure. In fact, for many recovering people, it is an integral part of an ultimately successful journey. Once you learn all that you can, make an effort to share your knowledge with others, such as your members, the media, and policymakers.

2. **Become a resource.** As an organization dedicated to improving the lives of the members you serve and their families, your support for the acceptance and treatment of individuals with alcohol and substance abuse and addiction problems must be a priority. Make an effort to become a reliable resource for your members and the companies that employ them. Network with other national or local organizations to identify which treatment organizations provide the assistance that is most suitable to the needs of your members. Encourage the companies you represent or bargain with to make employee assistance programs and/or human resources programs available and accessible to their employees.

3. **Welcome openness and reintegration.** Millions of recovering Americans hide their success stories for fear of negative reprisals at work and in their communities. Encourage your members to be open about their recovery status. Treatment for alcohol and substance abuse and addiction will become widely accepted and acknowledged for its effectiveness only when celebrating recovery becomes commonplace.

4. **Make treatment and other mental health benefits part of your contract negotiations.** Take a careful look at how well any health insurance, or other related benefits, provided to your membership assist them in getting treatment for their drug and alcohol problems. Make a point to explore the options and cost implications of doing so during contract negotiations. If you are a trade association, encourage any employer who belongs to your organization to do the same. Like thousands of other employers and organizations nationwide, they may find that the long-run benefit of offering these services far outweighs any immediate and relatively small cost implications.

5. **Be aware of the needs of special populations.** Ethnic and cultural minorities, individuals with co-occurring mental health disorders or physical disabilities, women, and older people, to name just a few, may have special needs when it comes to adequately addressing their alcohol or drug problems. Cultural influences, which can include everything from language differences to misperceptions about addiction and the recovery process, can create tremendous barriers to individuals from these populations getting help. Any organization that employs or serves individuals who fall into one or more of these groups should be sensitive to their unique needs and recognize that they are at increased risk for not receiving appropriate treatment to combat their drug- and alcohol-related problems.

Making a Difference: How Can I Focus My Efforts during *Recovery Month*?

Recovery Month is celebrated across the country during the month of September each year. It provides us all with an opportunity to examine the challenges we face as a result of drug and alcohol use and dependence and to create solutions to meet them. This year's theme is ***"Join the Voices of Recovery: A Call to Action."*** Throughout the month, thousands of individuals and organizations will join forces, as they do every year, to draw attention to the issues and encourage change in both the public and private sectors. Labor unions or trade associations can take steps in advance of, during, and beyond the month of September to impact the national effort to stamp out drug and alcohol addiction. Here's how:

1. **Reach out to families.** Research has shown that addiction, if left untreated, is often passed on through families. However, intervention and support programs and services for families have been successful in thwarting intergenerational addiction problems. Research has shown that people who are able to go through adolescence to age 21 without smoking, using drugs, or abusing alcohol have a very good chance of never doing so.[10] As an organization that prides itself on meeting the needs of its members and their family members, you need to make an effort to reach out to them any way you can on the subjects of addiction, treatment, and recovery. Use ***Recovery Month*** to hold a workshop, conference, or discussion panel to educate and inform your members about these issues.

2. **Use the media.** When it comes to drug and alcohol use, addiction, treatment, and recovery, media support is very important. The stigma associated with these issues is still so great in the minds of many Americans that only through mass media channels can the facts ever be adequately conveyed. Even then, a tremendous degree of repetition will be necessary for attitudes and behaviors to change. Use your speakers' bureaus or other public relations programs during the month of September to promote the positive news about treatment and recovery via mass media channels. Use ***Recovery Month*** as a "news hook" that will entice the media to talk to your organization about these issues.

3. **Use your organization's communications vehicles to educate and inform.** Highlight the fact that September is ***Recovery Month*** in all the communication vehicles at your organization's disposal. For instance, if you have a web site or are in regular contact via e-mail with your members, employees, or constituents, make a point to talk with them about addiction, treatment, recovery, and the resources available to assist them. Do so on a regular basis, starting in September. Position your organization as a well-informed and supportive ally in the effort to combat drug and alcohol addiction. Write an article for your organization's newsletter or magazine that educates and informs those you serve on the facts about addiction, treatment, and recovery. Include names and contact information for organizations that can provide assistance, support, and referrals.

4. **Talk to policymakers.** As a representative of a labor union or trade association, your voice on matters of public health and safety holds real weight with local and national policymakers. Make an effort during the month of September to reach out to policymakers to express your thoughts on what can be done to meet the challenges posed by drug and alcohol addiction. Whether it is by letter, e-mail, fax, or in person, you will be joined by hundreds of experts and members of the general public in speaking out to elected officials and civic leaders about these issues.

5. **Facilitate and actively participate in partnerships.** During *Recovery Month*, individuals and organizations from all segments of society will be forming partnerships to translate advances in addiction research, treatment, and recovery into practice. You represent thousands of individuals who could benefit from a concerted effort to improve drug and alcohol treatment availability and effectiveness. Take an active role in creating or participating in partnerships and collaborative activities, such as local Community Forums, during the month of September, and throughout the year, that are intent on tackling drug and alcohol addiction and its associated repercussions.

You are encouraged to share your plans and activities for *Recovery Month* 2002 with the HHS/SAMHSA Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.samhsa.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.samhsa.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Workplace Helpline
800-967-5752 (Toll-Free)
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF LABOR (DOL)
200 Constitution Avenue, NW
Washington, DC 20210
866-4-USA-DOL (Toll-Free)
www.dol.gov

DOL, Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

U.S. SMALL BUSINESS ADMINISTRATION (SBA)
409 3rd Street, SW
Washington, DC 20416
800-U-ASK-SBA (Toll-Free)
www.sba.gov

Other Resources

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
202-371-9090
www.astho.org

Capitol Decisions, Inc.
1420 New York Avenue, NW, Suite 600
Washington, DC 20005
202-737-8168

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201
703-522-6272
www.eapassn.org

Employee Assistance Society of North America
230 East Ohio Street, Suite 400
Chicago, IL 60611-4067
312-644-0828
www.easna.org

Institute for a Drug-Free Workplace
1225 I Street, NW, Suite 1000
Washington, DC 20005
202-842-7400
www.drugfreeworkplace.org

National Association of Rural Health Clinics
426 C Street, NE
Washington, DC 20002
202-543-0348
www.narhc.org

National Committee for Quality Assurance
2000 L Street, NW, Suite 500
Washington, DC 20036
202-955-3500
www.ncqa.org

The National GAINS Center
(for People With Co-Occurring Disorders in the Justice System)
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-311-4246 (Toll-Free)
www.gainsctr.com

U.S. Chamber of Commerce
1615 H Street, NW
Washington, DC 20062
202-659-6000
www.uschamber.com

Sources

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4 *Summary of Findings from the 2000 National Household Survey on Drug Abuse*.

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6 *The Costs and Effects of Parity for Mental Health and Substance Abuse Insurance Benefits*. Washington, DC: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1998.

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8 *Substance Abuse in Brief: Effective Treatment Saves Money*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, January 1999.

9 *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*. DHHS Publication No. (SMA) 00-3480. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, November 2000.

10 *Substance Abuse and the American Adolescent: A Report by the Commission on Substance Abuse Among America's Adolescents*. New York, NY: National Center on Addiction and Substance Abuse, Columbia University, August 1997.

Get Connected Online!

National Alcohol & Drug Addiction *Recovery Month*

www.samhsa.gov

Recovery Month information, resources, and materials are as close as www.samhsa.gov. You can learn how to plan and organize local ***Recovery Month*** events, chat and share ideas with other organizers, publicize your community events, and stay informed about activities nationwide.

This web site is a service of the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT).

While Online You Can:

- Take a Virtual Tour of the 2002 *Recovery Month* Kit
- Order FREE Materials
- Chat with Substance Abuse Treatment Experts
- Obtain Planning Tips
- View Live Web Casts, Video Infomercials, and PSAs
- Visit the *Recovery Month* Press Room for the Latest Media Updates and Alerts
- Post your Local Events by State
- Link to State Resources/Activities

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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Clearinghouses

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
5600 Fishers Lane, Rockwall II, Suite 621, Rockville, MD 20857, 301-443-5052
CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free), 800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services (CMHS) Clearinghouse
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention's (CSAP) Workplace Helpline
800-WORKPLACE (800-967-5752) (Toll-Free)
www.drugfreeworkplace.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345, Rockville, MD 20847
800-729-6686 (Toll-Free), 800-487-4889 (TDD) (Toll-Free), 877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Centers for Disease Control and Prevention (CDC)
National Prevention Information Network
P.O. Box 6003, Rockville, MD 20849-6003
800-458-5231 (Toll-Free)
www.cdcnpin.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Bethesda, MD 20892-9561
301-443-1124
Telefax Fact Sheets: 888-NIH-NIDA (Voice) (Toll-Free), 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy Information Clearinghouse (ONDCP)
P.O. Box 6000, Rockville, MD 20849-6000
800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF DEFENSE (DOD)
Office of the Assistant Secretary of Defense for Public Affairs
1400 Defense, Pentagon, Room 3A-750, Washington, DC 20301-1400
703-697-5737
www.defenselink.mil

U.S. DEPARTMENT OF JUSTICE (DOJ)
Bureau of Justice Assistance Clearinghouse (reference and referral services for criminal justice professionals)
800-688-4252 (Toll-Free)

DOJ, Bureau of Justice Statistics Clearinghouse (crime and justice data)
800-732-3277 (Toll-Free)

DOJ, National Criminal Justice Reference Service (general criminal justice information)
800-851-3420 (Toll-Free)
P.O. Box 6000, Rockville, MD 20849-6000
www.ncjrs.org

U.S. DEPARTMENT OF LABOR (DOL)
Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312, Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

Additional Clearinghouses

National Association of State Alcohol and Drug Abuse Directors
808 17th Street, NW, Suite 410, Washington, DC 20006
202-293-0090
www.nasadad.org

Web Sites

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) **www.dhhs.gov**
HHS is the principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA) **www.samhsa.gov**
SAMHSA ensures that quality substance abuse and mental health services are available to the people who need them and that prevention and treatment knowledge is used more effectively in the general health care system. This site also provides access to the home pages of the Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and Center for Mental Health Services.

HHS, SAMSHA, National Clearinghouse for Alcohol and Drug Information's PREVline **www.health.org**
This electronic communication system, a service of the Substance Abuse and Mental Health Services Administration, is dedicated to exchanging ideas and information concerning alcohol, tobacco, and illicit drug problem prevention.

HHS, Indian Health Service (IHS) **www.ihs.gov**
The IHS is an agency of the Public Health Service providing health services to American Indians and Alaska Natives.

HHS, National Institutes of Health (NIH) **www.nih.gov**
NIH is one of the foremost biomedical research centers and the Federal focal point for biomedical research in the United States.

HHS, NIH, National Institute of Mental Health (NIMH) **www.nimh.nih.gov**
Conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services.

HHS, NIH, National Institute on Alcohol Abuse and Alcoholism (NIAAA) **www.niaaa.nih.gov**
NIAAA supports and conducts biomedical research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems.

HHS, NIH, National Institute on Drug Abuse (NIDA) **www.nida.nih.gov**
NIDA brings the power of science to bear on drug abuse and addiction.

HHS, NIH, National Institute on Drug Abuse's Club Drugs Web Site **www.clubdrugs.org**
This site provides information on club drugs such as MDMA (Ecstasy), GHB, Rohypnol, Ketamine, Methamphetamine, and LSD. The site explains what the drugs look like, their effects, and the varied street names by which they are known.

HHS, NIH, National Library of Medicine (NLM) **www.nlm.nih.gov**
NLM is the world's largest library dealing with a single scientific/professional topic, carrying over 4.5 million holdings.

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy (ONDCP) **www.whitehousedrugpolicy.gov**
This clearinghouse specializes in information on drug-use trends, drug-related crime issues, and national drug control policy.

U.S. DEPARTMENT OF JUSTICE (DOJ)
Drug Enforcement Administration (DEA) **www.dea.gov**
The DEA enforces the controlled substance laws and regulations of the United States.

U.S. DEPARTMENT OF LABOR (DOL)
Working Partners for an Alcohol- and Drug-Free Workplace **www.dol.gov/dol/workingpartners.htm** **www.dol.gov/asp/programs/drugs/party/party.htm**
The Department of Labor's Working Partners program serves as a central source of information about workplace substance abuse and the steps employers and business organizations can take to prevent it.

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) **www.eeoc.gov**
EEOC provides small employers with basic information about EEOC-enforced laws and processes.

U.S. SMALL BUSINESS ADMINISTRATION (SBA) **www.sba.gov**
The SBA provides financial, technical, and management assistance to help Americans start, run, and grow their businesses.

SBA, U.S. Business Advisor **www.business.gov**
The U.S. Business Advisor provides businesses with one-stop access to Federal government information, services, and transactions.

Additional Web Sites

Alcoholics Anonymous **www.aa.org**
An international fellowship of men and women who have had a drinking problem.

Al-Anon Family Groups, Inc. (Al-Anon/Alateen) **www.al-anon.alateen.org**
A mutual support program that helps families and friends (adults and youths) of alcoholics recover from the effects of living with the problem drinking of a relative or friend.

American Council on Alcoholism **www.aca-usa.org**
A nonprofit organization whose mission is to educate the public about alcoholism and the need for treatment, as well as to provide referral assistance for recovery and treatment resources nationwide.

American Society of Addiction Medicine **www.asam.org**
A nonprofit organization whose mission is to educate physicians to prevent and treat dependence and addiction to alcohol, nicotine, and other drugs, and to prevent and treat related illnesses.

Caron Foundation **www.caron.org**
A nonprofit organization whose mission is to provide an enlightened, caring community in which all those affected by the sickness of addiction may begin a new life. The foundation provides rehabilitation services to adults, adolescents, and their families suffering from chemical dependency and related addictions.

Center for Substance Abuse Research (CESAR) **www.cesar.umd.edu**
CESAR at the University of Maryland, College Park, collects, analyzes, and disseminates information on the nature and extent of substance abuse and related problems in Maryland and nationally.

Hazelden **www.hazelden.org**
Hazelden is a nonprofit organization providing high-quality, affordable rehabilitation, education, prevention, professional services, and publications regarding chemical dependency and related disorders.

Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan **www.icpsr.umich.edu**
Provides access to the world's largest archive of computerized social science data, including data on substance abuse and mental health.

Join Together **www.jointogether.org**
A national resource center for communities working to prevent substance abuse and to increase the public demand for treatment.

Miami Coalition for a Safe and Drug-Free Community **www.miamicoalition.org**
Provides information useful in the planning and implementation of successful community strategies and programs designed to reduce the problems of drug abuse, addiction, and directly related social issues in the Miami-Dade community.

Mothers Against Drunk Driving (MADD) **www.madd.org**
MADD is a nonprofit organization that aims to stop drunk driving, support victims of this violent crime, and prevent underage drinking.

National Association for Children of Alcoholics (NACoA) **www.nacoa.org**
NACoA is the education and advocacy group that works on behalf of the over 11 million children of alcohol- and other drug-dependent parents under age 18 in the U.S. Research-based resources are available on the web site to help caring adults learn more about providing support and information for these vulnerable children.

National Association of Alcoholism and Drug Abuse Counselors (NAADAC) **www.naadac.org**
NAADAC is the largest national organization representing the interests of alcoholism and drug abuse professionals in the nation. The NAADAC web page contains information on current legislation, certification, and membership.

National Association of Drug Court Professionals (NADCP) **www.nadcp.org**
NADCP seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of Drug Courts and providing for collection and dissemination of information, technical assistance, and mutual support to association members.

National Center on Addiction and Substance Abuse at Columbia University (CASA) **www.casacolumbia.org**
CASA is a unique think/action tank that brings together all of the professional disciplines needed to study and combat all forms of substance abuse as they affect society.

National Council for Community Behavioral Healthcare **www.nccbh.org**
Keeps community behavioral health care organizations abreast of the rapid changes in behavioral healthcare and vigorously advocates for the issues most critical to their success.

National Council on Alcoholism and Drug Dependence (NCADD) **www.ncadd.org**
NCADD is an organization that fights the stigma and the disease of alcoholism and other drug addictions. It provides education, information, help, and hope to the public through offices in New York and Washington and a nationwide network of affiliates.

National Families in Action **www.nationalfamilies.org**
Provides accurate drug information to parents and young people.

Partnership for a Drug-Free America **www.drugfreeamerica.org**
The Partnership's purpose is to reduce the demand for illegal drugs by changing public attitudes about drugs and making drug use less acceptable and glamorous. This site provides specific drug information and the most frequently asked questions on drug-related topics.

Recovery Network **www.recoverynetwork.org**
The Recovery Network provides prevention and recovery information, interaction, and support concerning substance use and abuse, addiction to alcohol and drugs, and behavioral and mental health problems. The network provides these services through a television and radio network, online services, and a national help line.

The Robert Wood Johnson Foundation **www.rwjf.org**
The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted to health care.

Wisconsin Clearinghouse for Prevention Resources **www.uhs.wisc.edu/wch**
The Wisconsin Clearinghouse for Prevention Resources, a part of the University Health Services at the University of Wisconsin-Madison, provides educational materials and training information.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
301-443-5052

CSAT National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Workplace Helpline
800-967-5752 (Toll-Free)
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.health.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF EDUCATION (ED)
400 Maryland Avenue, SW
Washington, DC 20202-6123
800-872-5327 (Toll-Free)
www.ed.gov

ED, Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
202-260-3954
www.ed.gov/offices/OESE/SDFS

U.S. DEPARTMENT OF JUSTICE (DOJ)
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
202-353-1555
www.usdoj.gov

DOJ, National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420 (Toll-Free)
301-519-5500
www.ncjrs.org

DOJ, National Institute of Justice
810 7th Street, NW, 7th Floor
Washington, DC 20531
202-307-2942
www.ojp.usdoj.gov/nij

DOJ, Office of Juvenile Justice and Delinquency Prevention
810 7th Street, NW
Washington, DC 20531
202-307-5911
www.ojjdp.ncjrs.org

U.S. DEPARTMENT OF LABOR (DOL)
200 Constitution Avenue, NW
Washington, DC 20210
866-4-USA-DOL (Toll-Free)
www.dol.gov

DOL, Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

Other Resources

4-H
1400 Independence Avenue, SW
STOP 2225
Washington, DC 20250-2225
202-720-2908
www.4-h.org

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Clearinghouses, Web Sites & Additional Resources (cont.)

Alcoholism and Substance Abuse Providers of New York State
1 Columbia Place
Albany, NY 12207
518-426-3122
www.asapnys.org

Aliviane NO-AD, Inc.
7722 North Loop Road
El Paso, TX 79915
915-782-4000

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
www.aacap.org

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
847-434-4000
www.aap.org

American Bar Association
750 North Lake Shore Drive
Chicago, IL 60611
800-285-2221 (Toll-Free)
www.abanet.org

American Council on Alcoholism
3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344 (Toll-Free)
www.aca-usa.org

American Managed Behavioral Healthcare Association
1101 Pennsylvania Avenue, NW, 6th Floor
Washington, DC 20004
202-756-7726
www.ambha.org

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Mental Health Counselors Association
801 North Fairfax Street, Suite 304
Alexandria, VA 22314
703-548-6002
www.amhca.org

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
888-357-7924 (Toll-Free)
www.psych.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
800-374-2721 (Toll-Free)
202-336-6123 (TDD/TTY)
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

American Society of Addiction Medicine
4601 North Park Avenue
Upper Arcade, Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
202-371-9090
www.astho.org

Big Brothers/Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
www.bbbsa.org

Boy Scouts of America
National Office
1325 W. Walnut Hill Lane
Irving, TX 75015
972-580-2000
www.bsa.scouting.org

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
404-815-5700
www.bgca.org

Campaign for Tobacco-Free Kids
1400 I Street, NW, Suite 1200
Washington, DC 20005
800-284-KIDS (Toll-Free)
www.tobaccofreekids.org

Capitol Decisions, Inc.
1420 New York Avenue, NW, Suite 600
Washington, DC 20005
202-737-8168

Catholic Charities, USA
1731 King Street, Suite 200
Alexandria, VA 22314
703-549-1390
www.catholiccharitiesusa.org

Center on Juvenile and Criminal Justice
1622 Folsom Street
San Francisco, CA 94103
415-621-5661
www.cjcj.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Church of Jesus Christ of Latter Day Saints
529 14th Street, NW, Suite 900
Washington, DC 20045
202-662-7480
www.lds.org

Community Anti-Drug Coalitions of America
901 North Pitt Street, Suite 300
Alexandria, VA 22314
800-54-CADCA (800-543-2332) (Toll-Free)
www.cadca.org

Congress of National Black Churches, Inc.
National Anti-Drug Campaign
2000 L Street, NW, Suite 225
Washington, DC 20036
202-296-5657
www.cnbc.org

Connecticut Community for Addiction Recovery
465 Silas Deane Highway
Wethersfield, CT 06109
860-571-2985
www.ccar-recovery.org

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201
703-522-6272
www.eapassn.org

Employee Assistance Society of North America
230 East Ohio Street, Suite 400
Chicago, IL 60611-4067
312-644-0828
www.easna.org

Families USA
1334 G Street, NW, 3rd Floor
Washington, DC 20005
202-628-3030
www.familiesusa.org

General Board of Global Ministries
of the United Methodist Church
Program on Substance Abuse
110 Maryland Avenue, NE, Suite 404
Washington, DC 20002
202-548-2712
www.gbgm-umc.org

George Bloom & Associates, Inc.
10001 Wayzata Boulevard, Suite 220
Minnetonka, MN 55305
952-582-2713

Girl Scouts of the USA
Just for Girls
420 5th Avenue
New York, NY 10018-2798
800-GSUSA4U (800-478-7248) (Toll-Free)
www.girlscouts.org

Hazelden Foundation
P.O. Box 11
Center City, MN 55012-1076
800-257-7810 (Toll-Free)
www.hazelden.com

Institute for a Drug-Free Workplace
1225 I Street, NW, Suite 1000
Washington, DC 20005
202-842-7400
www.drugfreeworkplace.org

Institute for the Advancement
of Human Behavior
4370 Alpine Road, Suite 209
Portola Valley, CA 94028
800-258-8411 (Toll-Free)
www.ibh.com

International Nurses Society on Addictions
1500 Sunday Drive, Suite 102
Raleigh, NC 27607
919-783-5871
www.intnsa.org

Jewish Alcoholics, Chemically Dependent
Persons and Significant Others
850 7th Avenue
New York, NY 10019
212-397-4197
www.jacsweb.org

Johnson Institute
1273 National Press Building
529 14th Street, NW
Washington, DC 20045
202-662-7104
www.johnsoninstitute.org

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

Junior Achievement
One Education Way
Colorado Springs, CO 80906
719-540-8000
www.ja.org

Massachusetts Organization for Addiction Recovery (Affiliate of NEAAR-CSAT RCSP Grantee)
c/o Boston ASAP
30 Winters Street, 3rd Floor
Boston, MA 02108
617-423-6627

Miami Coalition for a Safe and Drug-Free Community
University of Miami/North South Center
1500 Monza Avenue
Coral Gables, FL 33146-3027
305-284-6848
www.miamicoalition.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Asian Pacific American Families Against Substance Abuse, Inc.
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association of Addiction Treatment Providers
501 Randolph Drive
Lititz, PA 17543
717-581-1901

National Association of Alcoholism and Drug Abuse Counselors
901 N. Washington Street, Suite 600
Alexandria, VA 22314
800-548-0497 (Toll-Free)
www.naadac.org

National Association of Community Health Centers
1330 New Hampshire Avenue, NW, Suite 122
Washington, DC 20036
202-659-8008
www.nachc.com

National Association of Drug Court Professionals
4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.nadcp.org

National Association of Rural Health Clinics
426 C Street, NE
Washington, DC 20002
202-543-0348
www.narhc.org

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

National Association of Social Workers
750 1st Street, NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Committee for Quality Assurance
2000 L Street, NW, Suite 500
Washington, DC 20036
202-955-3500
www.ncqa.org

National Conference of State Legislatures
444 North Capitol Street, NW, Suite 515
Washington, DC 20001
202-624-5400
www.ncsl.org

National Council for Community Behavioral Healthcare
12300 Twinbrook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
www.nccbh.org

National Council of Juvenile and Family Court Judges
University of Nevada
1041 N. Virginia Street, 3rd Floor
Reno, NV 89557
775-784-6012
www.ncjfcj.unr.edu

National Families in Action
2957 Clairmont Road, Suite 150
Century Plaza II
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

National Health Law Program
Health Consumer Alliance
2639 South LaCienega Boulevard
Los Angeles, CA 90034
310-204-6010
www.healthlaw.org

National Latino Council on Alcohol and Tobacco Prevention
1875 Connecticut Avenue, NW, Suite 732
Washington, DC 20009
202-265-8054
www.nlcatp.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
703-684-7722
800-433-5959 (TTY) (Toll-Free)
www.nmha.org

National PTA Drug and Alcohol Abuse Prevention Project
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
800-307-4782 (Toll-Free)
www.pta.org

National TASC (Treatment Accountability for Safer Communities)
300 I Street, NE, Suite 207
Washington, DC 20002
202-544-8343
www.nationaltasc.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

Pima Prevention Partnership
330 North Commerce Park Loop, Suite 160
Tucson, Arizona 85745
520-791-2711
www.pimaprevention.org

RecoveryWorks
1954 University Avenue West, Suite 12
St. Paul, MN 55104
651-645-1618
www.addictions.org/recoveryworks

Society for Adolescent Medicine
1916 NW Copper Oaks Circle
Blue Springs, MO 64015
816-224-8010
www.adolescenthealth.org

Step One
665 West 4th Street
Winston-Salem, NC 27101
336-714-2116
www.stepone.org

The Alliance Project
1954 University Avenue West, Suite 12
St. Paul, MN 55104
651-645-1618
www.defeataddiction.org
www.recoveryadvocacy.org

The National GAINS Center
(for People with Co-Occurring Disorders in the Justice System)
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-311-4246 (Toll-Free)
www.gainsctr.com

Therapeutic Communities of America
1601 Connecticut Avenue, NW, Suite 803
Washington, DC 20009
202-296-3503
www.tcanet.org

U.S. Chamber of Commerce
1615 H Street, NW
Washington, DC 20062
202-659-6000
www.uschamber.com

Vanguard Services Unlimited
2924 Columbia Pike
Arlington, VA 22204
703-920-1440

White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org

Young Men's Christian Association of the USA
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association of the U.S.A.
350 5th Avenue
Empire State Building, Suite 301
New York, NY 10118
212-273-7800
www.ywca.org

***Internet addresses are subject to change.

Single State Agency (SSA) Directory

ALABAMA
Mr. J. Kent Hunt
Associate Commissioner for Substance Abuse
Alabama Department of Mental Health
and Mental Retardation
RSA Union Building
100 North Union Street
Montgomery, AL 36130-1410
Phone: 334-242-3953
Fax: 334-242-0759

ALASKA
Mr. Russ Webb
Acting Director
Division of Alcoholism and Drug Abuse
Alaska Department of Health and Social Services
P.O. Box 110607
Juneau, AK 99811-0607
Phone: 907-465-2071
Fax: 907-465-2185

ARIZONA
Ms. Christy Dye
Program Manager
Bureau of Substance Abuse
Division of Behavioral Health Services
Arizona Department of Health Services
2122 East Highland
Phoenix, AZ 85016
Phone: 602-381-8999
Fax: 602-553-9143

ARKANSAS
Mr. Ray L. Stevens
Director
Arkansas Bureau of Alcohol and
Drug Abuse Prevention
5800 West 10th Street, Suite 907
Little Rock, AR 72204
Phone: 501-280-4500
Fax: 501-280-4519

CALIFORNIA
Ms. Kathryn Jett
Director
Department of Alcohol and Drug Programs
1700 K Street, Fifth Floor
Executive Office
Sacramento, CA 95814-4037
Phone: 916-445-1943
Fax: 916-323-5873

COLORADO
Ms. Janet Wood
Director
Alcohol and Drug Abuse Division
Colorado Department of Human Services
4055 South Lowell Boulevard
Denver, CO 80236-3120
Phone: 303-866-7480
Fax: 303-866-7481

CONNECTICUT
Arthur C. Evans, Ph.D.
Deputy Commissioner
Department of Mental Health
and Addiction Services
P.O. Box 341431
Hartford, CT 06134
Phone: 860-418-6958
Fax: 860-418 6691

DELAWARE
Ms. Renata Henry
Director
Division of Alcoholism, Drug Abuse
and Mental Health
Delaware Health and Social Services
1901 North DuPont Highway
Administration Building
DHHS Campus, Room 192
New Castle, DE 19720
Phone: 302-577-4461
Fax: 302-577-4486

FLORIDA
Kenneth A. DeCerchio, MSW, CAP
Assistant Secretary
Substance Abuse Program Office
Florida Department of Children and Families Services
1317 Winewood Boulevard
Building 3, Room 101S
Tallahassee, FL 32399-0700
Phone: 850-414-1503
Fax: 850-487-2239

GEORGIA
Mr. Bruce Hoopes
Chief
Substance Abuse Program
Division of Mental Health, Mental Retardation, and Substance Abuse
Georgia Department of Human Resources
2 Peachtree Street, NW, Fourth Floor
Atlanta, GA 30303-3171
Phone: 404-657-2135
Fax: 404-657-2160

HAWAII
Ms. Elaine Wilson
Chief
Alcohol and Drug Abuse Division
Hawaii Department of Health
Kakuhihewa Building
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707
Phone: 808-692-7507
Fax: 808-692-7521

IDAHO
Mr. Pharis Stanger
Substance Abuse Project Manager
Bureau of Mental Health and Substance Abuse
Division of Family and Community Services
Idaho Department of Health and Welfare
450 West State, Fifth Floor
Boise, ID 83720-0036
Phone: 208-334-4944
Fax: 208-334-6699

ILLINOIS
Ms. Melanie Whitter
Director
Illinois Department of Alcoholism and Substance Abuse
James R. Thompson Center
100 West Randolph Street, Suite 5-600
Chicago, IL 60601
Phone: 312-814-2291/3840
Fax: 312-814-2419

INDIANA
Ms. Janet Corson
Director
Division of Mental Health
Indiana Family and Social Services Administration
402 W. Washington Street
Indiana Government Building, Room W353
Indianapolis, IN 46204
Phone: 317-232-7844
Fax: 317-233-3472

IOWA
Ms. Janet Zwick
Director
Division of Health Promotion, Prevention and Addictive Behaviors
Iowa Department of Public Health
321 East 12th Street
Lucas State Office Building, Third Floor
Des Moines, IA 50319-0075
Phone: 515-281-4417
Fax: 515-281-4535

KANSAS
Ms. Karen Suddath
Director
Kansas Department of Social
and Rehabilitation Services
Division of Health Care Policy
Docking State Office Building, 5th Floor, North
915 SW Harrison Street
Topeka, KS 66612
Phone: 785-296-7272
Fax: 785-296-5507

KENTUCKY
Mr. Michael Townsend
Director
Division of Substance Abuse
Kentucky Department of Mental Health
and Mental Retardation Services
100 Fair Oaks Lane
Frankfort, KY 40621-0001
Phone: 502-564-2880
Fax: 502-564-7152

LOUSIANA
Mr. Mike Duffy
Acting Assistant Secretary
Office of Alcohol and Drug Abuse
Louisiana Department of Health and Hospitals
P.O. Box 2790, BIN 18
Baton Rouge, LA 70821-3868
Phone: 225-342-6717
Fax: 225-342-3931

MAINE
Ms. Kim Johnson
Director
Maine Office of Substance Abuse
Augusta Mental Health Complex
Marquardt Building, Third Floor
159 State House Station
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Boston, MA 02108
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Fax: 617-624-5185

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Phone: 517-335-0267
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Phone: 651-582-1856
Fax: 651-582-1865

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Fax: 601-359-6295

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Fax: 573-751-7814

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Phone: 406-444-3964
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Phone: 402-471-2851, ext. 5583
Fax: 402-479-5162

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Fax: 505-827-0097

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600 South 2nd Street, Suite 1E
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280 North High Street
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02 Klein Plaza, Suite B
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101 Business Park Boulevard
Columbia, SC 29203-9498
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Fax: 680-488-1211

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Mr. Donald Capelle
Secretary
Ministry of Health Services
P.O. Box 16
Majuro, MH 96960
Phone: 692-625-3355
Fax: 692-625-3432

Diversity Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
Phone: 877-696-6775 (Toll-Free)
www.dhhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite 13C-05
Rockville, MD 20857
Phone: 301-443-8956
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II, Suite 621
Rockville, MD 20857
Phone: 301-443-5052

CSAT National Helpline
Phone: 800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
Phone: 800-444-6472 (Toll-Free)
TDD: 301-230-7199
Fax: 301-230-7198

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Indian Health Service
The Reyes Building
801 Thompson Avenue, Suite 400
Rockville, MD 20852-1627
Phone: 301-443-2038
www.ihs.gov

U.S. DEPARTMENT OF THE INTERIOR
Office of Alcohol & Substance Abuse Prevention
Office of the Secretary - Indian Affairs
1849 C Street, NW
MS-MIB 2554
Washington, DC 20240-4000
Phone: 202-219-9737
Fax: 202-208-0969
www.omhrc.gov

Additional Diversity Organizations

American Psychological Association
Office of Ethnic Minority Affairs
Public Interest Directorate
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-6029
Fax: 202-336-6040
www.apa.org

Hands Across Cultures
P.O. Box 2215
Espanola, NM 87532
Phone: 505-747-1889
Fax: 505-747-1623
www.la-tierra.com/HACC

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National Association for Equal Opportunity in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, MD 20910
Phone: 301-650-2440
Fax: 301-495-3306
www.nafeo.org

National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009-4432
Phone: 202-483-6622
Fax: 202-483-1127
www.nmac.org

African-American Organizations

African American Family Services
2616 Nicollet Avenue South
Minneapolis, MN 55408
Phone: 612-871-7878
Fax: 612-871-2567
www.aafs.net

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
Phone: 202-722-0808
Fax: 202-722-5941
www.abpsi.org

Congress of National Black Churches
National Anti-Drug Campaign
2000 L Street, NW, Suite 225
Washington, DC 20036
Phone: 202-296-5657
Fax: 202-296-4939
www.cnbc.org

Kappa Alpha Psi Fraternity, Inc.
2322-24 North Broad Street
Philadelphia, PA 19132
Phone: 215-228-7184
Fax: 215-228-7181
www.kappaalphapsi.com

National Association of African Americans for Positive Imagery
1231 North Broad Street
Philadelphia, PA 19122
Phone: 215-235-6488
Fax: 215-235-6491
www.naaapi.org

National Association of Black Social Workers
1220 11th Street, NW, Suite 2
Washington, DC 20001
Phone: 202-589-1850
Fax: 202-589-1853

National Black Alcoholism and Addiction Council
1522 K Street, NW, Suite 450
Washington, DC 20005-1259
Phone: 202-296-2696
Fax: 315-798-8736

National Coalition of 100 Black Women
38 West 32nd Street, Suite 1610
New York, NY 10001
Phone: 212-947-2196
Fax: 212-947-2477

National Council of Negro Women, Inc.
777 United Nations Plaza
New York, NY 10017
Phone: 212-687-5870
Fax: 212-687-1735

National Medical Association
1012 10th Street, NW
Washington, DC 20001
Phone: 202-347-1895
Fax: 202-842-3293
www.nmanet.org

Sigma Gamma Rho Sorority, Inc.
8800 South Stony Island Avenue
Chicago, IL 60617-2809
Phone: 773-873-9000
Fax: 773-731-9642

American Indian/Alaska Native Organizations

American Indian Community House
708 Broadway, 8th Floor
New York, NY 10003
Phone: 212-598-0100
Fax: 212-598-4909
www.aich.org

National Congress of American Indians
1301 Connecticut Avenue, NW, Suite 200
Washington, DC 20036
Phone: 202-466-7767
Fax: 202-466-7797
www.ncai.org

National Indian Health Board
1385 South Colorado Boulevard, Suite A707
Denver, CO 80222
Phone: 303-759-3075
Fax: 303-759-3674
www.nihb.org

United National Indian Tribal Youth, Inc.
P.O. Box 800
Oklahoma City, OK 73101
Phone: 405-236-2800
Fax: 405-971-1071
www.unityinc.org

White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
Phone: 719-548-1000
Fax: 719-548-9407
www.whitebison.org

Asian-American/Pacific Islander Organizations

Asian and Pacific Islander American Health Forum
942 Market Street, Suite 200
San Francisco, CA 94102
Phone: 415-954-9988
Fax: 415-954-9999
www.apiahf.org

National Asian Pacific American Families Against Substance Abuse
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
Phone: 213-625-5795
Fax: 213-625-5796
www.napafasa.org

Organization of Chinese Americans
1001 Connecticut Avenue, NW, Suite 601
Washington, DC 20036
Phone: 202-223-5500
Fax: 202-296-0540
www.ocanatl.org

Hispanic Organizations

ASPIRA Association, Inc.
1444 I Street, NW, Suite 800
Washington, DC 20005
Phone: 202-835-3600
Fax: 202-835-3613
www.aspira.org

Chicanos Por La Causa, Inc.
701 South Central Avenue
Phoenix, AZ 85004
Phone: 602-262-2752
Fax: 602-262-2205
www.cplcfcu.org

Latin American Youth Center
1419 Columbia Road, NW
Washington, DC 20009
Phone: 202-319-2225
Fax: 202-462-5696
www.layc-dc.org

National Alliance for Hispanic Health
1501 16th Street, NW
Washington, DC 20036-1401
Phone: 202-387-5000
Fax: 202-797-4353
www.hispanichealth.org

National Council of La Raza
Center for Health Promotion
1111 19th Street, NW, Suite 1000
Washington, DC 20036
Phone: 202-785-1670
Fax: 202-776-1792
www.nclr.org

National Hispanic Medical Association
1411 K Street, NW, Suite 200
Washington, DC 20005
Phone: 202-628-5895
Fax: 202-628-5898
www.home.earthlink.net/~nhma/

National Latino Council on Alcohol
and Tobacco Prevention
1875 Connecticut Avenue, NW, Suite 732
Washington, DC 20009
Phone: 202-265-8054
Fax: 202-265-8056
www.nlcatp.org

National Latino Children's Institute
320 El Paso Street
San Antonio, TX 78207
Phone: 210-228-9997
Fax: 210-228-9972
www.nlci.org

Puerto Rican Organization for
Community Education and
Economic Development, Inc.
1126 Dickinson Street
Elizabeth, NJ 07201
Phone: 908-351-7727
Fax: 908-353-5185
www.proceedinc.com

NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH CUSTOMER SATISFACTION FORM

We would like to know about your efforts during the month of September. This information will be used to determine the usefulness of these materials and will also help the HHS/SAMHSA Center for Substance Abuse Treatment plan for future outreach materials. Please complete this form and return it by mail or fax to the address below by October 31, 2002. We encourage you to provide photographs and/or samples of supporting materials. Your response is voluntary, but your input is essential to our efforts to improve ***Recovery Month*** materials for future years.

Name	Title
Organization Name & Address	Phone & Fax Numbers
Please provide a brief description of your event or major activities.	
Did you receive media coverage? If yes, who covered your event? (Please attach a brief summary or copies of articles.)	

Using the following scale, please rate the following kit materials.

	Very Useful	Useful	Somewhat Useful	Not Useful
Planning Partners				
Allied Organizations				
Clearinghouses, Web Sites, and Additional Resources				
Single State Agency Directory				
Diversity Resources				
Overview of ***Changing the Conversation*** and General Facts about Addiction, Treatment, Recovery, and Drugs and Alcohol				
Educators and Schools				
Public Officials and Civic Leaders				
Employers				
Community-Based Organizations and Faith and Spiritual Communities				
Health and Wellness Professionals and Practitioners				
Health Insurers				
Individuals in the Recovery Community, Their Families and Friends				
Individuals Working in the Criminal Justice System				
Labor Unions and Trade Associations				
Promotional Event Ideas				
Sample Proclamations				
Sample Press Release				
Sample Media Advisory				
Sample Op-Ed				
Radio Public Service Announcements (live-read announcer scripts)				
Logo Sheet				
Letterhead				

Mail to: Office of Communications and External Liaison, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall II Building, Suite 621, Rockville, MD 20857
or FAX to: 301-443-7801.

National Alcohol & Drug Addiction Recovery Month

NOTE: Public reporting for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0197); Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197.

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